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| Fill in this information to identify your case: | |
|---|-------------------------------|
| United States Bankruptcy Court for the: | |
| Northern District of: Illinois (State) | |
| Case number (if known) | Chapter you are filing under: |
| | Chapter 7 Chapter 11 |
| | Chapter 12 Chapter 13 |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourse | lf | |
|---|----------------------------|---|
| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. Your full name | Stephanie | |
| Write the name that is on | First name | First name |
| your government-issued picture identification (for | Middle name | Middle name |
| example, your driver's | Franklin | |
| license or passport | Last name | Last name |
| Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2. All other names you | 1 | |
| have used in the | First name | First name |
| last 8 years | | |
| Include your married or | Middle name | Middle name |
| maiden names. | Last name | Last name |
| | First name | First name |
| | Middle name | Middle name |
| | Last name | Last name |
| 3. Only the last 4 digits of your | XXX - XX- <u>8740</u> | XXX - XX- |
| Social Security number or federal | OR | OR |
| Individual Taxpayer Identification number (ITIN) | 9 xx - xx- | 9 xx - xx- |
| 000 : 15 | V 1 4 B 44 6 | |

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| Debtor 1 Stephanie First Name | Middle Name | Franklin | Case number (if known) | |
|---|---|------------------------------------|---|-------------------------|
| First Name | iviladie Name | Last Name | | |
| | About Debtor 1: | | About Debtor 2 (Spouse Only | in a Joint Case): |
| 4. Any business name and Employer | S I have not used any busin | ess names or EINs. | I have not used any business names | s or EINs. |
| Identification Numbers (EIN) you have used in the | Business name | | Business name | |
| last 8 years | Business name | | Business name | |
| Include trade names and doing business as names | EIN | | EIN | |
| | EIN | | EIN | |
| 5. Where you live | | | If Debtor 2 lives at a different address | ss: |
| | 27 Augusta Dr Number Street | | Number Street | |
| | | | | |
| | Streamwood Illinois City State | 60107 Zip Code | | 7: 0: 1: |
| | City State | Zip Code | City State | Zip Code |
| | Cook | | | |
| | County | | County | |
| | If your mailing address is di | | If Debtor 2's mailing address is different | |
| | fill it in here. Note that the couthis mailing address. | int will send any notices to you a | in here. Note that the court will send any address. | notices to this mailing |
| | Ü | | addiose. | |
| | Number Street | | Number Street | |
| | | | _ | |
| | | | | |
| | City State | Zip Code | City State | Zip Code |
| C 14/1 | | | | · |
| Why you are choosing this | Check one: | | Check one: | |
| district to file for | ✓ Over the last 180 days be | efore filing this petition, I have | Over the last 180 days before filing | |
| bankruptcy | lived in this district longer | than in any other district. | lived in this district longer than in a | ny other district. |
| | I have another reason. Ex | plain. (See 28 U.S.C. §§ 1408.) | I have another reason. Explain. (See | e 28 U.S.C. §§ 1408.) |
| | | | | |
| | | | _ | |
| | | | _ | |
| | | | | |
| | | | - | |
| | | | | |
| | | | - | |
| | | | | |

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| Debtor 1 Stephanie | Franklin | Case number | (if known) |
|---|---|--|--|
| First Name | Middle Name Last Name | | |
| Part 2: Tell the Court Ab | oout Your Bankruptcy Case | | |
| 7. The chapter of the Bankruptcy Code you are choosing to file under | Check one. (For a brief description of each, see Not. B2010)). Also, go to the top of page 1 and check the a Chapter 7 Chapter 11 Chapter 12 Chapter 13 | | § 342(b) for Individuals Filing for Bankruptcy (Form |
| 8. How you will pay the fee | on your behalf, your attorney may pay I need to pay the fee in installments Individuals to Pay Your Filing Fee in Inst I request that my fee be waived (You By law, a judge may, but is not require | may pay. Typically, if or money order If yo with a credit card or a life to the card or stallments (Official Format may request this oped to, waive your fee, line that applies to yo this option, you mus | you are paying the fee yourself, you our attorney is submitting your payment check with a pre-printed address. option, sign and attach the <i>Application for</i> rm 103A). tion only if you are filing for Chapter 7. and may do so only if your income is our family size and you are unable to pay at fill out the <i>Application to Have the</i> |
| 9. Have you filed for bankruptcy within the last 8 years? | No. ✓ Yes. District District District | When 6/24/2016 MM / DD / Y When MM / DD / Y When MM / DD / Y | Case number Case number Case number |
| 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ✓ No. Yes. Debtor District Debtor District | | Relationship to you Case number, if known |
| 11. Do you rent your residence? | ✓ No. Go to line 12. ✓ Yes. Has your landlord obtained an eviction judg ✓ No. Go to line 12. ✓ Yes. Fill out <i>Initial Statement About a</i> this bankruptcy petition. | | |

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| D | ebtor 1 Stephanie First Name | | Midd | | Franklin Last Name | Case number (if know | wn) | |
|----|--|---------------|--|---|--|--|--|---|
| P | Report About An | v Bus | | | | | | |
| | Are you a sole proprietor of any full- or part-time business? A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. | | No. | Go to Part 4. Name and location of b Name of business, if ar Number City Check the appropriate Health Care Business Single Asset Research | Street Street box to describe your siness (as defined in 11 U.S.C. ker (as defined in 11 | 111 U.S.C. § 101(27A)) d in 11 U.S.C. § 101(51B)) § 101(53A)) | Zip Code | |
| 13 | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D). | dead opera | llines. If y ations, ca C. § 11 1 No. | ou indicate that you are a ash-flow statement, and a 6(1)(B). I am not filing under Ch I am filing under Chapt Bankruptcy Code. | a small business deb federal income tax re napter 11. eer 11, but I am NOT | ether you are a small busin tor, you must attach your me eturn or if any of these docu a small business debtor ac | ost recent balance she ments do not exist, foli ecording to the definition | eet, statement of low the procedure in 11 on in the |
| Pa | art 4: Report if You Ow | n or l | Have A | Any Hazardous Pro | operty or Any P | roperty That Needs | Immediate Atten | ition |
| 14 | Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate | | | What is the hazard? If immediate attention is r Where is the property? | needed, why is it nee | ded? Street | | |
| | attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | | | City | State | : | Zip Code |

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Debtor 1 Stephanie Franklin Case number (if known)

Middle Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I filed counseling agency within the 180 days before I filed about credit this bankruptcy petition, and I received a certificate of this bankruptcy petition, and I received a certificate of counseling. completion. completion. Attach a copy of the certificate and the payment plan, if any, Attach a copy of the certificate and the payment plan, if any, The law requires that that you developed with the agency. that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed counseling agency within the 180 days before I filed counseling before this bankruptcy petition, but I do not have a this bankruptcy petition, but I do not have a you file for certificate of completion. certificate of completion. bankruptcy. You must truthfully check Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment one of the following plan, if any. plan, if any. choices. If you cannot do so, you are I certify that I asked for credit counseling services I certify that I asked for credit counseling services not eligible to file. from an approved agency, but was unable to obtain from an approved agency, but was unable to obtain those services during the 7 days after I made my those services during the 7 days after I made my If you file anyway, request, and exigent circumstances merit a 30-day request, and exigent circumstances merit a 30-day temporary waiver of the requirement. temporary waiver of the requirement. the court can dismiss your case, you will To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the requirement, lose whatever filing attach a separate sheet explaining what efforts you made to attach a separate sheet explaining what efforts you made to fee you paid, and obtain the briefing, why you were unable to obtain it before obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances you filed for bankruptcy, and what exigent circumstances your creditors can required you to file this case. required you to file this case. begin collection activities again. Your case may be dismissed if the court is dissatisfied with Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for your reasons for not receiving a briefing before you filed for bankruptcy. bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, the payment plan you developed, if any. If you do not do so, your case may be dismissed. your case may be dismissed. Any extension of the 30-day deadline is granted only for Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me incapable of deficiency that makes me incapable of realizing or making rational decisions realizing or making rational decisions about finances. Disability. My physical disability causes me to be Disability. My physical disability causes me to be unable to participate in a briefing in unable to participate in a briefing in person, by phone, or through the person, by phone, or through the internet, even after I reasonably tried internet, even after I reasonably tried to do so. to do so. Active duty. Active duty. I am currently on active military duty in I am currently on active military duty in a military combat zone. a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of about credit counseling, you must file a motion for waiver of

credit counseling with the court.

credit counseling with the court.

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| Debtor 1 Stephanie | | Franklin Case number (if know | nn) | | | | |
|---|---|--|--|--|--|--|--|
| Part 6: Answer These Qu | Middle Name Luestions for Reporting Purpos | .ast Name | | | | | |
| 16. What kind of debts do you have? | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. | | | | | | |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | paid that funds will be availa No. Yes. | er 7. Go to line 18. Do you estimate that after any exempt property able to distribute to unsecured creditors? | is excluded and administrative expenses are | | | | |
| 18. How many creditors do you estimate that you owe? | ✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999 | 1,000-5,000 5,001-10,000 10,001-25,000 | 25,001-50,000 50,001-100,000 More than 100,000 | | | | |
| 19. How much do you estimate your assets to be worth? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | | | | |
| 20. How much do you estimate your liabilities to be? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | | | | |
| Part 7: Sign Below | | | | | | | |
| For you | and correct. If I have chosen to file under (11,12, or 13 of title 11, United choose to proceed under Chap If no attorney represents me ame fill out this document, I have I request relief in accordance of I understand making a false st | Chapter 7, I am aware that I may produce States Code. I understand the relief abover 7. and I did not pay or agree to pay some very obtained and read the notice requive with the chapter of title 11, United Statement, concealing property, or obtained case can result in fines up to \$250,00 52, 1341, 1519, and 3571. | eone who is not an attorney to help ired by 11 U.S.C. § 342(b). ates Code, specified in this petition. aining money or property by fraud in 00, or imprisonment for up to 20 | | | | |

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| Debtor 1 | Stephanie | | Franklin | Case number (| (if known) |
|--|-------------------|--|---|---|---|
| | First Name | Middle Name | Last Name | | |
| you are by one If you a represe | | eligibility to proceed ur the relief available und to the debtor(s) the no | nder Chapter 7, 11, 12 der each chapter for w tice required by 11 U.S | , or 13 of title 11, U hich the person is 6 S.C. § 342(b) and, in | hat I have informed the debtor(s) about nited States Code, and have explained eligible. I also certify that I have delivered in a case in which § 707(b)(4)(D) applies, ation in the schedules filed with the |
| | o file this page. | /s/ Ryan Crotty Signature of Attorney | for Debtor | Date | 9/26/2016 MM / DD / YYYY |
| | | Ryan P Crotty Printed name Semrad Law Firm Firm name 20 S. Clark Street Street | | | |
| | | 28th Floor Chicago | | Illinois | 60603 |
| | | City | | State | Zip Code |
| | | Contact phone | 3128374032 | Email address | rcrotty@semradlaw.com |
| | | 6312602 | | Illino | pis |
| | | Bar number | | State | e |

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| Fill in this information to identify your case: | | | | | |
|---|------------|-------------|-----------------------------|--|--|
| Debtor 1 | Stephanie | Franklin | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if filing) First Name | | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | Northern | District of Illinois(State) | | |
| Case number (If known) | | | (Glale) | | |

| Check if this is ar |
|---------------------|
| amended filing |

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Part 1: Summarize Your Assets | |
|--|---|
| | Your assets Value of what you own |
| 1. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$0.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$17,300.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$17,300.00 |
| Part 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$23,034.00 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$0.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$90,874.47 |
| Your total liabilities | \$113,908.47 |
| Part 3: Summarize Your Income and Expenses | |
| 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$2,165.37 |
| Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22, Column A, of Schedule J | \$1,535.00 |
| | |

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| Deb | otor 1 | Stephanie | | Franklin | Case n | umber (if known) | | | | | |
|-------------|--|---|-------------------------------|--|------------------|-----------------------------|----------|---|--|--|--|
| | | First Name | Middle Name | Last Name | | | | | | | |
| Part | 4: / | Answer These Ques | tions for Administra | ative and Statistical Re | cords | | | | | | |
| 6. A | 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? | | | | | | | | | | |
| I | No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. | | | | | | | | | | |
| | ✓ Yes. | | | | | | | | | | |
| 7. V | 7. What kind of debt do you have? | | | | | | | | | | |
| ı | Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. | | | | | | | | | | |
| | | our debts are not primaries form to the court with you | - | have nothing to report on this p | part of the form | n. Check this box and submi | it | | | | |
| | | the Statement of Your of 122A-1 Line 11; OR , Form | • | e: Copy your total current mont 122C-1 Line 14. | thly income fro | m Official | \$192.05 | _ | | | |
| 9. | Сор | y the following special c | ategories of claims from | n Part 4, line 6 of Schedule E | E/F: | | | | | | |
| | Fron | m Part 4 on Schedule E/F | -, copy the following: | | | Total claim | | | | | |
| | 9a. [| Domestic support obligation | ns (Copy line 6a.) | | | \$0.00 | | | | | |
| | 9b. T | Taxes and certain other deb | ts you owe the governmen | t. (Copy line 6b.) | | \$0.00 | | | | | |
| | 9c. C | Claims for death or persona | al injury while you were into | oxicated. (Copy line 6c.) | | \$0.00 | | | | | |
| | 9d. S | Student loans. (Copy line 6 | f.) | | | \$48,344.70 | | | | | |
| | | Obligations arising out of a rity claims. (Copy line 6g.) | separation agreement or o | divorce that you did not report a | as | \$0.00 | | | | | |
| | | Debts to pension or profit-sl | naring plans, and other sin | nilar debts. (Copy line 6h.) | | \$0.00 | | | | | |
| | 9a - | Total Add lines 9a through | o Of | | Ī | ¢49 244 70 | | | | | |

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| Fill in this | information to identify your ca | se: | | | | |
|------------------------------------|---|---|----------------------------------|---|---|--|
| Debtor 1 | Stephanie | | | Franklin | | |
| | First Name | Middle N | Name | Last Name | | |
| Debtor 2 (Spouse, | if filing) First Name | Middle N | | Last Name | | |
| United St | ates Bankruptcy Court for the: | Northern | | District of Illinois | | |
| | . , | | | (State) | | |
| Case nun (If known) | | | | | | |
| Officia | al Form 106A/B | | | | | Check if this is an |
| | · | ortv | | | | amended filing |
| | dule A/B: Prop | | | t only once. If an asset fits in more than | | 12/ |
| responsik write your Part 1: | ole for supplying correct informance and case number (if linescribe Each Reside | ormation. If more s known). Answer ev ence, Building, | space is very ques Land, o | te as possible. If two married people ar needed, attach a separate sheet to this stion. or Other Real Estate You Own o idence, building, land, or similar proper | form. On the top of any a | dditional pages, |
| ✓ | No. Go to Part 2 | | | | | |
| | Yes. Where is the property? | | 140 41 | 4 | 5 | |
| 1.1 | | | | s the property? Check all that apply. gle-family home | the amount of any secure | laims or exemptions. Put ed claims on <i>Schedule D:</i> aims Secured by Property. |
| | Street address, if available, or | or other description | | olex or multi-unit building | | , , , |
| | | | | ndominium or cooperative nufactured or mobile home | Current value of the entire property? | Current value of the portion you own? |
| | | | Lan | | | |
| | Number Street | | Inve | estment property | Describe the nature of interest (such as fee si | |
| | City State | Zip Code | | neshare ner | the entireties, or a life | |
| | | | one. Del Del Del At le | as an interest in the property? Check otor 1 only otor 2 only otor 1 and Debtor 2 only east one of the debtors and another information you wish to add about this ty identification number: | Check if this is co (see instructions) | mmunity property |
| If you | own or have more than one, lis | t here: | p. 5p5. | <u> </u> | | |
| 1.2 | Street address, if available, or | or other description | Sin | s the property? Check all that apply. gle-family home | the amount of any secure | laims or exemptions. Put ed claims on Schedule D: aims Secured by Property. |
| | - | | Cor | olex or multi-unit building ndominium or cooperative nufactured or mobile home | Current value of the entire property? | Current value of the portion you own? |
| | Number Street | | Lan | id estment property | Describe the nature of | vour ownership |
| | | | Tim | neshare | interest (such as fee si the entireties, or a life | mple, tenancy by estate). if known. |
| | City State | Zip Code | Who hone. | as an interest in the property? Check | Check if this is co (see instructions) | mmunity property |
| | | | | otor 1 only otor 2 only | | |

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

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| Debtor 1 | Stephanie First Name | Middle Name | Franklin Last Name | _ Case number | (if known) | |
|-------------------------------|--|---|---|---------------|---|---|
| 1.3 | eet address, if available, or ot | | What is the property? Check all that a Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home | pply. | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property? | • |
| Nur | mber Street / State | Zip Code | Land Investment property Timeshare Other | - | Describe the nature of interest (such as fee si the entireties, or a life | mple, tenancy by |
| | |]] [| Who has an interest in the property? Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anoth Other information you wish to add all property identification number: | er | Check if this is column (see instructions) | mmunity property |
| | | tion you own for a | all of your entries from Part 1, includ | | | |
| Do you o you own th | nat someone else drives. If yo ans, trucks, tractors, sport util o | equitable interest i u lease a vehicle, als | in any vehicles, whether they are reg so report it on Schedule G: Executory Co ycles | | | |
| 3.1 | Model: Year: | Chevy Camaro 2012 | Who has an interest in the proper one. Debtor 1 only | erty? Check | the amount of any secure | laims or exemptions. Put ed claims on Schedule D: aims Secured by Property. |
| | Approximate mileage: Other information: 2012 Chevy Camaro | 51000 | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and a | | Current value of the entire property? \$16350.00 | Current value of the portion you own? \$16350.00 |
| 3.2 | Make Model: Year: | | instructions) Who has an interest in the propone. Debtor 1 only | erty? Check | the amount of any secure | laims or exemptions. Put d claims on Schedule D: hims Secured by Property. |
| | Approximate mileage: Other information: | | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and a Check if this is community p instructions) | | Current value of the entire property? | Current value of the portion you own? |

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| | Stephanie | | r (if known) | |
|----------|--|--|--|---|
| | First Name Middle Name | Last Name | | |
| 3.3 | Make | Who has an interest in the property? Check | Do not deduct secured c the amount of any secure | • |
| | Model: Year: | one. Debtor 1 only | Creditors Who Have Cla | |
| | Approximate mileage: | | Croakere vine riave ele | anno document by 1 repor |
| | ··· <u> </u> | Debtor 2 only | Current value of the | Current value of the |
| | Other information: | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | | At least one of the debtors and another | | |
| | | Check if this is community property (see instructions) | | |
| 3.4 | Make | Who has an interest in the property? Check | Do not deduct secured c | |
| | Model: | one. | the amount of any secure | |
| | Year: Approximate mileage: | Debtor 1 only | Creditors Who Have Cla | airns Secured by Prope |
| | ··· <u> </u> | Debtor 2 only | Current value of the | Current value of the |
| | Other information: | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | | At least one of the debtors and another | | |
| | | Check if this is community property (see instructions) | | |
| ✓ | No Yes | raft, fishing vessels, snowmobiles, motorcycle accessori | | |
| ✓ | Yes Make | Who has an interest in the property? Check | Do not deduct secured c | |
| ✓ | Yes Make Model: | Who has an interest in the property? Check one. | the amount of any secure | ed claims on Schedule L |
| ✓ | Yes Make Model: Year: | Who has an interest in the property? Check one. Debtor 1 only | | ed claims on Schedule L |
| ✓ | Yes Make Model: Year: Approximate mileage: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | the amount of any secure Creditors Who Have Cla Current value of the | ed claims on Schedule L nims Secured by Proper Current value of the |
| ✓ | Yes Make Model: Year: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | the amount of any secure Creditors Who Have Cla | ed claims on Schedule D |
| ✓ | Yes Make Model: Year: Approximate mileage: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | the amount of any secure Creditors Who Have Cla Current value of the | ed claims on Schedule L nims Secured by Proper Current value of the |
| ✓ | Yes Make Model: Year: Approximate mileage: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | the amount of any secure Creditors Who Have Cla Current value of the | ed claims on Schedule L nims Secured by Prope Current value of the |
| 4.1 | Yes Make Model: Year: Approximate mileage: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | the amount of any secure Creditors Who Have Cla Current value of the | ed claims on Schedule L nims Secured by Prope Current value of the portion you own? |
| 4.1 | Yes Make Model: Year: Approximate mileage: Other information: Make Model: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | the amount of any secure Creditors Who Have Class Current value of the entire property? Do not deduct secured of the amount of any secure | ed claims on Schedule Learns Secured by Prope Current value of the portion you own? daims or exemptions. Pued claims on Schedule Learns |
| 4.1 | Yes Make Model: Year: Approximate mileage: Other information: Make Model: Year: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check | the amount of any secure Creditors Who Have Cla Current value of the entire property? Do not deduct secured co | ed claims on Schedule It ims Secured by Prope Current value of the portion you own? daims or exemptions. Pued claims on Schedule It |
| 4.1 | Yes Make Model: Year: Approximate mileage: Other information: Make Model: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. | the amount of any secure Creditors Who Have Class Current value of the entire property? Do not deduct secured of the amount of any secure | ed claims on Schedule II nims Secured by Prope Current value of the portion you own? Laims or exemptions. Pued claims on Schedule II nims Secured by Prope |
| 4.1 | Yes Make Model: Year: Approximate mileage: Other information: Make Model: Year: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only | the amount of any secure Creditors Who Have Class Current value of the entire property? Do not deduct secured of the amount of any secure Creditors Who Have Class | ed claims on Schedule II nims Secured by Prope Current value of the portion you own? Laims or exemptions. Pued claims on Schedule II nims Secured by Prope |
| 4.1 | Make Model: Year: Approximate mileage: Other information: Make Model: Year: Approximate mileage: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | the amount of any secure Creditors Who Have Class Current value of the entire property? Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the | ed claims on Schedule II nims Secured by Prope Current value of the portion you own? Laims or exemptions. Pure de claims on Schedule II nims Secured by Prope Current value of the |
| 4.1 | Make Model: Year: Approximate mileage: Other information: Make Model: Year: Approximate mileage: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | the amount of any secure Creditors Who Have Class Current value of the entire property? Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the | ed claims on Schedule Learns Secured by Properations of the portion you own? Learns or exemptions. Pure de claims on Schedule Learns Secured by Properations of the Current value of the |

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Franklin Debtor 1 Stephanie Case number (if known) Middle Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... used furniture \$100.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... **Used Cell Phone** \$100.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles **√** No Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments **√** No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment **√** No Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ✓ Yes. Describe... used clothing \$150.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □l No Yes. Describe... **Used Costume Jewelry** \$100.00 13. Non-farm animals Examples: Dogs, cats, birds, horses **✓** No Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list **√** No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$450.00 for Part 3. Write that number here

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| Den | otor i Stephanie | | FIGURIII | Case number (ii known) | |
|------|------------------------|--|--------------------------------|---|--|
| | First Name | Middle Name | Last Name | | |
| Part | 4: Describe Your | Financial Assets | | | |
| Do | you own or have | any legal or equitable in | terest in any of the fo | llowing? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | Cash | | | | |
| E | | ave in your wallet, in your home, in a | a safe deposit box, and on han | d when you file your petition | |
| | ✓ No | | | | |
| | Yes | | | Cash: | |
| 17. | | savings, or other financial account nstitutions. If you have multiple acc | | es in credit unions, brokerage houses, n, list each. | |
| | ✓ Yes | | Institution name: | | |
| | _ | | | | |
| | | 17.1. Checking account: | fifth third bank | | \$500.00 |
| | | 17.2. Checking account: | | | |
| | | 17.3. Savings account: | | | |
| | | 17.4. Savings account: | | | |
| | | 17.5. Certificates of deposit: | | | |
| | | 17.6. Other financial account: | | | |
| | | 17.7. Other financial account: | - | | |
| | | 17.8. Other financial account: | | | |
| | | 17.9. Other financial account: | | | |
| 18. | Bonds, mutual funds | s, or publicly traded stocks | | | |
| | Examples: Bond funds, | , investment accounts with brokera | ge firms, money market accou | nts | |
| | ✓ No | Institution or issuer name: | | | |
| | Yes | institution of issuer flame. | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 19. | an LLC, partnership | | ated and unincorporated b | ousinesses, including an interest in | |
| | ✓ No | | | | |
| | Yes. Give specific | Name of entity | | % of ownership: | |
| | information about them | | | | |
| | | | | | |
| | | | | | |

Official Form 106A/B Schedule A/B: Property page 5

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| Deb | tor 1 | Stephanie First Name | Middle Name | Franklin Last Name | Case number (if known) |
|-----|---------------------|---|--|--|--------------------------------|
| 20. | Neg Non | otiable instruments in -negotiable instrumer | prate bonds and other negotial aclude personal checks, cashiers' on the are those you cannot transfer to a last error transfer to the same that the same is a last error to the same is a last error t | checks, promissory notes, and mo | ney orders. |
| 21. | Exa | irement or pension mples: Interests in IR No | accounts A, ERISA, Keogh, 401(k), 403(b), | thrift savings accounts, or other p | ension or profit-sharing plans |
| | | Yes. List each | Type of account: | Institution name: | |
| | | account separately. | 401(k) or similar plan: | | |
| | | | Pension plan: | | |
| | | | IRA: | | |
| | | | Retirement account: | | |
| | | | Keogh: Additional account: | | |
| | | | Additional account: | | |
| 22. | Your Exam com | | orepayments leposits you have made so that you vith landlords, prepaid rent, public | | |
| | | Yes | Electric: | | |
| | | | Gas: | | |
| | | | Heating oil: | | |
| | | | Security deposit on rental unit: | | |
| | | | Prepaid rent: | | |
| | | | Telephone: | | |
| | | | Water: | | |
| | | | Rented furniture: | | |
| | | | Other: | | |
| 23. | Ann | No | a periodic payment of money to your lessuer name and description: | ou, either for life or for a number of | years) |
| | | | | | |

Official Form 106A/B Schedule A/B: Property page 6

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| Debt | or 1 Stephanie First Name | Middle N | | Case number (if known) | |
|------|--|--|---|--|---|
| 24. | Interests in an ed | | ount in a qualified ABLE program, or under a | qualified state tuition program | • |
| | √ No | | ion. Separately file the records of any interests.11 L | J.S.C. § 521(c): | |
| | _ | | | | |
| 25. | Trusts, equitable | e or future interests in p | roperty (other than anything listed in line 1), a | and rights or powers | |
| | exercisable for your No | our benefit | | | |
| | Yes. Describe | 2 | | | |
| 26. | | | ecrets, and other intellectual property | _ | |
| | ✓ No | domain names, websites | s, proceeds from royalties and licensing agreements | S | |
| | Yes. Describe |) | | | |
| 27. | | ises, and other general | intangibles ses, cooperative association holdings, liquor licens | ses professional licenses | |
| | ✓ No | | | , p. 0.1000.10.1. | 7 |
| | Yes. Describe |) | | | |
| | | | | | |
| Mor | ney or property | y owed to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | ney or property Tax refunds owed | • | | | portion you own? Do not deduct secured |
| | | • | | | portion you own? Do not deduct secured |
| | Tax refunds owed ✓ No — Yes. Give spec | I to you | | Federal: | portion you own? Do not deduct secured |
| | Tax refunds owed No Yes. Give speciabout the you alrea | I to you cific information em, including whether dy filed the returns | | Federal: State: | portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds owed No Yes. Give spectabout the you alreat and the tax | I to you cific information em, including whether | | | portion you own? Do not deduct secured claims or exemptions. \$0.00 |
| 28. | Tax refunds owed No Yes. Give spectors about the you alreated and the to the second s | I to you cific information em, including whether dy filed the returns ax years | pusal support, child support, maintenance, divorce s | State: Local: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 |
| 28. | Tax refunds owed ✓ No Yes. Give spectors about the you alreated and the total support Examples: Past due. ✓ No | I to you cific information em, including whether dy filed the returns ax years | ousal support, child support, maintenance, divorce s | State: Local: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 |
| 28. | Tax refunds owed ✓ No Yes. Give spectors about the you alreated and the total support Examples: Past due. ✓ No | I to you cific information em, including whether idy filed the returns ax years | ousal support, child support, maintenance, divorce s | State: Local: settlement, property settlement | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed ✓ No Yes. Give spectors about the you alreated and the total support Examples: Past due. ✓ No | I to you cific information em, including whether idy filed the returns ax years | ousal support, child support, maintenance, divorce | State: Local: settlement, property settlement Alimony: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed ✓ No Yes. Give spectors about the you alreated and the total support Examples: Past due. ✓ No | I to you cific information em, including whether idy filed the returns ax years | ousal support, child support, maintenance, divorce | State: Local: settlement, property settlement Alimony: Maintenance: | \$0.00 \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed ✓ No Yes. Give special about the you alread and the to the second | I to you cific information em, including whether idy filed the returns ax years | ousal support, child support, maintenance, divorce | State: Local: settlement, property settlement Alimony: Maintenance: Support: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed ✓ No ☐ Yes. Give speciabout the you alreated and the total section of the se | cific information em, including whether edy filed the returns ex years e or lump sum alimony, spo | e payments, disability benefits, sick pay, vacation pa | State: Local: settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed ✓ No ☐ Yes. Give speciabout the you alreated and the tree to the second s | cific information em, including whether edy filed the returns ex years e or lump sum alimony, spo | | State: Local: settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed ✓ No ☐ Yes. Give speciabout the you alreated and the total section of the se | cific information em, including whether edy filed the returns ex years e or lump sum alimony, spo- cific information | e payments, disability benefits, sick pay, vacation pa | State: Local: settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |

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| Cart Name Local Name Loca | Deb | otor 1 Stephanie | Franklin | Case number (if known) | |
|--|------|---|--|--|---|
| Exemples: Health, disability, or life insurance, health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value Company nome: Beneficiary: Surrender or refund value 12. Any interest in property that is due you from someone who has died If you are the boneficiary of a living frust, expect proceeds from a life insurance policy, or are currently credited to recove properly because someone has ded. No Yes. Describe 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Exemples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set of claims No Yes. Describe 35. Any financial assets you did not already list No Yes. Describe 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here | | First Name Middle Name | Last Name | | |
| Vas. Name the insurance company of each policy and list is value | 31. | | alth savings account (HSA); credit, ho | meowner's, or renter's insurance | |
| If you are the beneficiary of a fiving trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No | | Yes. Name the insurance company | Company name: | Beneficiary: | Surrender or refund value: |
| Yes, Describe 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment | 32. | If you are the beneficiary of a living trust, expect p property because someone has died. | | r are currently entitled to receive | |
| Examples: Accidents, employment disputes, insurance claims, or rights to sue No | | | | | |
| Yes. Describe | 33. | | | demand for payment | |
| to set off claims No Yes. Describe 35. Any financial assets you did not already list No Yes. Describe 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here 86. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here 87. Do secribe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 87. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Yes. Go to line 38. 88. Accounts receivable or commissions you already earned No Yes. Describe 99. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices | | | | | |
| Yes. Describe | 34. | to set off claims | every nature, including counterc | aims of the debtor and rights | |
| No | | | | | |
| Yes. Describe | 35. | Any financial assets you did not already list | | | |
| Fart 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Current value of the portion you own? Do not deduct secured claims or exemptions 38. Accounts receivable or commissions you already earned No Yes. Describe Yes. Describe 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No | | | | | |
| 37. Do you own or have any legal or equitable interest in any business-related property? ✓ No. Go to Part 6. ☐ Yes. Go to line 38. Accounts receivable or commissions you already earned ✓ No ☐ Yes. Describe 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices ✓ No | 36. | | | | \$500.00 |
| ✓ No. Go to Part 6. Yes. Go to line 38. 38. Accounts receivable or commissions you already earned ✓ No Yes. Describe 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices ✓ No | Part | :5: Describe Any Business-Related F | Property You Own or Have a | n Interest In. List any real estate | in Part 1. |
| ✓ No. Go to Part 6. Yes. Go to line 38. 38. Accounts receivable or commissions you already earned ✓ No Yes. Describe 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices ✓ No | 37. | Do you own or have any legal or equitable int | terest in any business-related prop | ertv? | |
| Yes. Describe 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No | | No. Go to Part 6. | , | () () () () () () () () () () | portion you own? Oo not deduct secured claims |
| Yes. Describe 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No | 38. | _ | eady earned | | |
| Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No | | | | | |
| | 39. | Examples: Business-related computers, software | | ines, rugs, telephones, desks, chairs, electro | onic devices |
| | | | | | |

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| Deb | tor 1 | Stephanie | ************************************** | Franklin | Case number (if known) | |
|--------------|----------|---|--|--|----------------------------------|---------------------------------------|
| 40. | Mac | First Name | Middle Name nuipment, supplies vou i | Last Name use in business, and tools of yo | ur trade | |
| .5. | | No | Taribura, cappiloo you t | | | |
| | H | Yes. Describe | | | |] |
| | | | | | | |
| 41. | Inve | entory | | | | |
| | | No | | | | |
| | Ħ | Yes. Describe | | | | 1 |
| | | | | | | |
| 42. | Inte | rests in partnersh | ips or joint ventures | | | |
| | | No | | | | |
| | _ | Yes. Give specific | | Name of entity: | % of ownership: | |
| | | information about | | | | |
| | | them | | | | |
| | | | | | | _ |
| 43. (| Custo | omer lists, mailing | lists, or other compilati | ons | | |
| | ✓ | No | | | | |
| | | Yes. Do your lists in | clude personally identifiab | le information (as defined in 11 U.S | S.C. § 101(41A))? | |
| | | ☐ No | | | | |
| | | Yes. Desci | ribe | | | |
| 44. | Any | business-related i | property you did not alre | ady list | | |
| | _ | No | | • | | |
| | Ħ | Yes. Give specific | | | | |
| | | information | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | art 5, including any entries for p | | |
| tor P | art 5. | - | | | | |
| Part | 6: | Describe Any I If you own or have a | Farm- and Commeron interest in farmland, list it | cial Fishing-Related Prope in Part 1. | erty You Own or Have an Interest | : In. |
| 46. | Do | you own or have a | any legal or equitable int | erest in any farm- or commercia | I fishing-related property? | |
| | ✓ | No. Go to Part 7. | | | | Current value of the portion you own? |
| | | Yes. Go to line 47. | | | | Do not deduct secured claims |
| 47 | F | m enimel- | | | | or exemptions |
| 47. | | m animals amples: Livestock, po | oultry, farm-raised fish | | | |
| | V | No | | | | |
| | Ħ | Yes. Describe | | | | |
| | | | | | | |

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| Debt | tor 1 | Stephanie First Name | Middle Name | Franklin Last Name | Case number (if known) | |
|--------------|----------|--------------------------|--|--------------------------|--------------------------------|--------------|
| 48. | Cra | ops-either growing o | | Lastivanie | | |
| ٠٠. | | | i nai vestea | | | |
| | | | | | | |
| | Ш | Yes. Describe | | | | |
| | | | | | | |
| 49. | Far | m and fishing equip | ment, implements, machinery, fixto | ures, and tools of trade | е | |
| | ✓ | No | | | | |
| | | Yes. Describe | | | | |
| | - | | | | | |
| 50. | Far | m and fishing suppl | ies, chemicals, and feed | | | |
| 50. | | | ies, chemicais, and reed | | | |
| | | _ | | | | |
| | Ш | Yes. Describe | | | | |
| | | | | | | |
| 51. | An | y farm- and commer | cial fishing-related property you did | I not already list | | |
| | ✓ | No | | | | |
| | | Yes. Describe | | | | |
| | | | | | | |
| | | | | | | |
| | | | of your entries from Part 6, includi | | | |
| 1011 | ui t O | . Write that number i | | | | |
| | | | | | | |
| Dort | 7. | Doscribo All Bro | pperty You Own or Have an I | ntorost in That Vol | LDid Not List Abovo | |
| Part 53 | | | perty fou Own of Have an in | | I DIG NOT LIST ABOVE | |
| 00. | | | , country club membership | , not: | | |
| | ✓ | No | | | | |
| | П | Yes. Give specific | | | | |
| | | information | | | | |
| | | | | | | |
| | | | | | | |
| 54. A | dd tl | he dollar value of all | of your entries from Part 7. Write the | nat number here | | - |
| | | | | | | |
| | | | | | | |
| Part | 8: | List the Totals of | of Each Part of this Form | | | |
| | | | | | | |
| 55. F | art | 1: Total real estate, li | ne 2 | | > | |
| 56. p | art 2 | 2 total vehicles, line | 5 | \$16350.00 | | |
| _ | | | I household items, line 15 | | | |
| | | l: Total financial ass | | \$450.00 | _ | |
| | | | | \$500.00 | <u> </u> | |
| | | | lated property, line 45 | | <u> </u> | |
| | | | shing-related property, line 52 | | <u> </u> | |
| 61. F | Part ' | 7: Total other prope | rty not listed, line 54 | | | |
| 62. 1 | Total | personal property. | Add lines 56 through 61 | \$17300.00 | _ | + \$17300.00 |
| | | | | | Copy personal property total ► | |
| | | | | | | \$17300.00 |
| 63. T | otal | of all property on So | chedule A/B. Add line 55 + line 62 | | | |

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| Fill in this information to identify your case: | | | | | |
|---|--------------------------|-------------|------------------------------|--|--|
| Debtor 1 | Stephanie First Name | Middle Name | Franklin Last Name | | |
| Debtor 2 (Spouse, if filing |) First Name | Middle Name | Last Name | | |
| United States B | ankruptcy Court for the: | Northern | District of Illinois (State) | | |
| Case number (If known) | | | (State) | | |

Official Form 106C

Check if this is an amended filing

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Par | Part 1: Identify the Property You Claim as Exempt | | | | | | | | |
|-----|--|---|---|------------------------------------|--|--|--|--|--|
| 1. | Which set of exemptions are you claimi You are claiming state and federal nonb | , | , , | | | | | | |
| | You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) | | | | | | | | |
| 2. | For any property you list on Schedule A | /B that you claim as e | xempt, fill in the information below. | | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption | | | | | |
| | Brief description: Chevy , Camaro, 2012, 2012 Chevy Camaro Line from Schedule A/B: 03 | \$16,350.00 | \$0 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(c) | | | | | |
| | Brief description: fifth third bank Line from Schedule A/B: 17 | \$500.00 | \$500.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) | | | | | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every No Yes. Did you acquire the property cover No Yes | / 3 years after that for ca | | | | | | | |

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Franklin Debtor 1 Stephanie Case number (if known) Middle Name First Name Last Name Part 2: **Additional Page** Brief description of the property and **Current value of** Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you Check only one box for each exemption. property own Copy the value from Schedule A/B Brief 735 ILCS 5/12-1001(a) \$150.00 **V** description: \$150.00 used clothing 100% of fair market value, up to any applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$100.00 **✓** description: \$100.00 used furniture 100% of fair market value, up to any Line from applicable statutory limit 06 Schedule A/B: Brief 735 ILCS 5/12-1001(b) \$100.00 **✓** description: \$100.00 **Used Cell Phone** 100% of fair market value, up to any Line from applicable statutory limit 07 Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$100.00 \checkmark description: \$100.00 **Used Costume Jewelry** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 12

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| Fill in t | his inform | nation to identify your case | 9: | | | | |
|-----------|-----------------------|--|--|---|---------------------------|--------------------------|--------------------|
| Debto | r 1 | Stephanie | | Franklin | | | |
| | | First Name | Middle Name | Last Name | | | |
| Debto | | | | | | | |
| (Spous | se, if filing |) First Name | Middle Name | Last Name | | | |
| United | l States Ba | ankruptcy Court for the: | Northern | District of Illinois (State) | | | |
| Case r | number wn) | | | (State) | | | |
| Offi | cial F | Form 106D | | | Į. | | Check if this is a |
| Sch | edu | le D. Credit | ors Who Ha | ve Claims Secur | ed by Pro | | 12/1 |
| | | | | are filing together, both are equal | | | |
| space i | is needed | - | | ne entries, and attach it to this form | • | | |
| | | editors have claims secu | red by your property? | | | | |
| Г | | | | our other schedules. You have nothing | else to report on this fo | orm. | |
| Ī | =" | ill in all of the information | • | J | • | | |
| Part 1 | List | All Secured Claims | | | | | |
| | | | or has more than one secu | red claim, list the creditor separately | Column A | Column B | Column C |
| | | | | n, list the other creditors in Part 2. As | Amount of claim | Value of | Unsecured |
| ı | much as p | possible, list the claims in | alphabetical order accordi | ng to the creditor's name. | Do not deduct the | collateral | portion |
| | | | | | value of collateral. | that supports this claim | If any |
| | REGION/ Creditor's | AL ACCEPTANCE CO | Describe the property | that secures the claim: | \$23,034.00 | \$16,350.00 | \$6,684.00 |
| | | R D SUITE 205 | | that seedines the olaim. | | | |
| | Numbe | er Street | 072 Automobile As of the date you file. | , the claim is: Check all that apply. | | | |
| | | | Contingent | | | | |
| | LAKE ZURICH | Illinois 60004 | Unliquidated | | | | |
| | City | State ZIP Code es the debt? Check one. | Disputed | | | | |
| | _ | or 1 only | Nature of lien. Check a | all that apply. | | | |
| | | or 2 only | | made (such as mortgage or secured | | | |
| j | Debte | or 1 and Debtor 2 only | car loan) | as tay lian, mashania'a lian) | | | |
| | | ast one of the debtors and | Judgment lien from | as tax lien, mechanic's lien) | | | |
| ı | anoth Chec | er ck if this claim relates | Other (including a ri | | | | |
| ' | to a | community debt | | | | | |
| | Date deb incurred | t was <u>4/1/2014</u> | Last 4 digits of accou | nt number0801 | , | | |
| | | Add the dollar value of | your entries in Column | A on this page. Write that | \$23,034,00 | | |

number here:

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| Filli | in this inform | ation to identify your cas | e: | | | | | |
|-------------------------------|--|---|--|---|---|-----------------------------|---------------------------------------|----------------------------|
| Deb | otor 1 | Stephanie | | Franklin | | | | |
| | | First Name | Middle Name | Last Name | _ | | | |
| | otor 2 | \ = . | | | _ | | | |
| (Spo | ouse, if filing |) First Name | Middle Name | Last Name | | | | |
| Unit | ted States B | ankruptcy Court for the: | Northern | District of Illinois | _ | | | |
| Coo | se number | | | (State) | | | | |
| | nown) | | | | _ | | | |
| Off | ficial E | orm 106E/F | | | | □ Ch | neck if this is ar | n amended filing |
| | | | | | | _ | | J |
| Sc | chedu | ile E/F: Cre | editors Who | Have Unsecu | red Claims | | | 12/15 |
| 106Á that entri knov | VB) and on are listed in es in the bound. | Schedule G: Executor Schedule D: Creditor exes on the left. Attach | y Contracts and Unexpire 's Who Hold Claims Secu | result in a claim. Also list exected Leases (Official Form 106G) red by Property. If more space this page. On the top of any |). Do not include any cre e is needed, copy the P | editors witl art you nee | h partiallý sec ed, fill it out, r | cured claims number the |
| 1. | Do any cr | editors have priority ur | nsecured claims against ye | ou? | | | | |
| | _ | o to Part 2. | , | | | | | |
| | Yes. | | | | | | | |
| 2. | listed, iden much as po Continuation | tify what type of claim it is ossible, list the claims in on Page of Part 1. If mor | s. If a claim has both priority a alphabetical order according e than one creditor holds a p | nore than one priority unsecured and nonpriority amounts, list that g to the creditor's name. If you had particular claim, list the other creor this form in the instruction bool | claim here and show both ave more than two priority ditors in Part 3. | h priority an | d nonpriority a | mounts. As |
| | | | | | | Total claim | Priority amount | Nonpriority amount |

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| Debto | | nklin Case number (if known) Name | |
|---------|---|---|------------------|
| | | | |
| Part 2 | | | |
| 3. | Do any creditors have nonpriority unsecured claims against you | | |
| | No. You have nothing to report in this part. Submit this form to the | court with your other schedules. | |
| | ✓ Yes. | | |
| | | order of the creditor who holds each claim. If a creditor has more to | |
| | | claim listed, identify what type of claim it is. Do not list claims already in | |
| | n more than one creditor riolds a particular claim, list the other creditors Page of Part 2. | s in Part 3.lf you have more than four priority unsecured claims fill out t | ne Continuation |
| | | | Total claim |
| 4.1 | A/R CONCEPTS | | \$65.00 |
| <u></u> | Nonpriority Creditor's Name | Last 4 digits of account number 4991 | |
| | 18-3 E DUNDEE RD STE 330 Number Street | When was the debt incurred? 9/1/2012 | |
| | Number Officer | As of the date you file, the claim is: Check all that apply. | |
| | DADDINOTON III' | Contingent | |
| | BARRINGTON Illinois 60010 City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| | At least one of the debtors and another | that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar | |
| | Is the claim subject to offset? | debts Callagation Callagation for | |
| | ✓ No | Collection; Collecting for ORIGINAL CREDITOR: 04 | |
| | Yes | VILLAGE OF SOUTH | |
| 40 | City of Chicago Department of Payonus | Other. Specify BARRINGTON | D4 000 00 |
| 4.2 | City of Chicago Department of Revenue Nonpriority Creditor's Name | Last 4 digits of account number | \$1,200.00 |
| | 121 North LaSalle Street | When was the debt incurred?n/a | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | ChicagoIllinois60602CityStateZip Code | Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | ✓ Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar | |
| | Is the claim subject to offset? | debts | |
| | ✓ No | ✓ Other. Specify parking tickets | |
| | Yes | | |
| 4.3 | City of Chicago Water Department | Last 4 digits of account number | \$500.00 |
| | Nonpriority Creditor's Name 333 S State, Suite 300 | | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Chicago Illinois 60604 | Contingent | |
| | City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. Debtor 1 only | Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | 님 | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt Is the claim subject to offset? | debts | |
| | No | ✓ Other. Specify Water bill | |
| | Yes | | |
| | L 199 | | |

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Debtor 1 Stephanie Franklin Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 CREDIT COL \$92.00 Last 4 digits of account number _ Nonpriority Creditor's Name Po Box 9136 When was the debt incurred? Street Number As of the date you file, the claim is: Check all that apply. Contingent 02494 Needham Heights Massachusetts Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only lacksquareType of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? **✓** Collection; Collecting for **✓** No ORIGINAL CREDITOR: 06 PROGRESSIVE INSURANCE Yes **COMPANY** Other. Specify CREDIT MANAGEMENT LP \$265.00 Last 4 digits of account number Nonpriority Creditor's Name 4200 INTÉRNATIONAL PKWY When was the debt incurred? 11/1/2013 Number Street As of the date you file, the claim is: Check all that apply. Contingent **CARROLLTON** Texas 75007 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? Other. Specify 001 UnknownLoanType **✓** No | Yes **CREDITORS COLLECTION B** \$93.00 Last 4 digits of account number 8504 Nonpriority Creditor's Name 755 ALMAR PKWY When was the debt incurred? 4/1/2015 Number Street As of the date you file, the claim is: Check all that apply. Contingent **BOURBONNAIS** Illinois 60914 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only **|** Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? 001 Collection; Collecting for **✓ ✓** No

Yes

Other. Specify

ORIGINAL CREDITOR:

MEDICAL PAYMENT DATA

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Franklin Debtor 1 Stephanie Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim DEPT OF ED/NAVIENT** 4.7 \$9,542.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 9635 When was the debt incurred? Street Number As of the date you file, the claim is: Check all that apply. Contingent 18773 Wilkes Barre Pennsylvania Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? Other. Specify **✓** No Yes **DEPT OF ED/NAVIENT** 4.8 \$8,561.00 Last 4 digits of account number 0915 Nonpriority Creditor's Name PO Box 9635 When was the debt incurred? 9/1/2015 Number As of the date you file, the claim is: Check all that apply. Contingent Pennsylvania 18773 Wilkes Barre Unliquidated Zip Code City State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify **✓** No Yes **DEPT OF ED/NAVIENT** \$4,114.00 4.9 Last 4 digits of account number 0915 Nonpriority Creditor's Name PO Box 9635 When was the debt incurred? 9/1/2015 Number As of the date you file, the claim is: Check all that apply. Contingent Wilkes Barre Pennsylvania 18773 Unliquidated City Zip Code State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? Other. Specify **✓** No

Yes

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Franklin Debtor 1 Stephanie Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 **DIVERSIFIED CONSULTANT** \$1,095.17 Last 4 digits of account number Nonpriority Creditor's Name 10550 DEERWOOD PARK BLVD When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent **JACKSONVILLE** 32256 Florida Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? 001 Collection; Collecting for **✓** No ORIGINAL CREDITOR: Other. Specify **TMOBILE** l Yes 4.11 Elk Grove Village \$200.00 Last 4 digits of account number Nonpriority Creditor's Name 901 Wellington Ave When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Elk Grove Vlg Illinois 60007 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: ✓ Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Parking tickets ✓ Other. Specify Is the claim subject to offset? **✓** No Yes 4.12 Enterprise Rent-A-Car Damage Recovery Unit \$1,525.00 Last 4 digits of account number Nonpriority Creditor's Name Po Box 801988 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent 64180 Kansas City Missouri Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify rental car damage **V** No

Yes

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Debtor 1 Stephanie Franklin Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.13 FBCS \$299.00 Last 4 digits of account number Nonpriority Creditor's Name 330 S WARMINSTER RD STE When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent **HATBORO** 19040 Pennsylvania Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? 001 Collection; Collecting for ORIGINAL CREDITOR: **V ✓** No COMCAST CABLE Yes COMMUNICATIONS Other. Specify 4.14 Harlem Furniture \$1,200.00 Last 4 digits of account number Nonpriority Creditor's Name Po Box 659704 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent San Antonio Texas 78265 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? ✓ Other. Specify furniture LOC **✓** No Yes 4.15 Illinois Tollway \$26,439,60 Last 4 digits of account number Nonpriority Creditor's Name 2700 Ogden Ave When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Legal Dept Contingent Illinois 60515 **Downers Grove** Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? **Tollway Violations** ✓ Other. Specify _ **✓** No

☐ Yes

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Franklin Debtor 1 Stephanie Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.16 MAB&T-SCUSA \$1,465.00 Last 4 digits of account number Nonpriority Creditor's Name CREDIT BUREAU REPO POB 961245 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent FORT WORTH 76181 Texas Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? Other. Specify CreditCard **✓** No Yes PEOPLES ENGY 4.17 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name 200 EAST RANDOLPH When was the debt incurred? 1/1/2014 Street As of the date you file, the claim is: Check all that apply. Contingent 60601 **CHICAGO** Illinois Unliquidated City Zip Code State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Is the claim subject to offset? InstallmentLoan Other. Specify _ **V** No Yes 4.18 **RECOV MGE SV** \$6,452.00 Last 4 digits of account number _ 2545 Nonpriority Creditor's Name 4200 CANTERA DRIVE SUITE 211 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent WARRENVILLE Illinois 60555 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? 001 Collection; Collecting for **✓ ✓** No

Yes

Other. Specify

ORIGINAL CREDITOR: 07

ELMHURST COLLEGE

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Debtor 1 Stephanie Franklin Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** SOURCE RECEIVABLES MNG 4.19 \$311.00 Last 4 digits of account number _ Nonpriority Creditor's Name 4615 DUNDAS DR STE 102 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent **GREENSBORO** 27407 North Carolina Unliquidated State City Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? 001 Collection; Collecting for **✓** No ORIGINAL CREDITOR: Other. Specify PEOPLES GAS LIGHT COKE Yes 4.20 **TORRES CRDIT** \$928.00 Last 4 digits of account number Nonpriority Creditor's Name 27 fairview st suite 301 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent **CARLISLE** 17013 Pennsylvania Unliquidated City Zip Code State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? 001 Collection; Collecting for **✓ ✓** No ORIGINAL CREDITOR: 10 Other. Specify COMMONWEALTH EDISON CO Yes 4.21 **US Cellular** \$200.00 Last 4 digits of account number Nonpriority Creditor's Name Dept 0205 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Illinois 60055 **Palatine** City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify _ cell phone Is the claim subject to offset? **✓** No

Yes

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Franklin Debtor 1 Stephanie Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.22 **US DEPT ED** \$0.00 Last 4 digits of account number _ Nonpriority Creditor's Name PO BOX 7202 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent UTICA 13504-7202 New York Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? Other. Specify **✓** No Yes 4.23 US DEPT OF ED/GLELSI \$26,127.70 Last 4 digits of account number 8581 Nonpriority Creditor's Name 2401 INTÉRNATIONAL LN When was the debt incurred? 2/1/2014 Number As of the date you file, the claim is: Check all that apply. Contingent 53704 **MADISON** Wisconsin Unliquidated State Zip Code City Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify_ **✓** No Yes 4.24 USA Payday Loans \$200.00 Last 4 digits of account number Nonpriority Creditor's Name 1541 N. LÉWIS AVENUE When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Illinois 60085 Waukegan State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt ✓ Other. Specify _ payday Loan Is the claim subject to offset? **✓** No

Yes

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| Debtor 1 | Stephanie | | Franklin | Case number (if known) | |
|----------|------------|--------------|-----------|------------------------|---|
| | Circt None | Middle Noses | Loot Nome | | • |

Part 3: List Others to Be Notified About a Debt That You Already Listed

| Elmhurst College Name | | On which entry in Part 1 or Part 2 did you list the original creditor? | | | | |
|----------------------------------|---------------------|--|----------------------|---------------------|----------|---|
| 400 O Day and A | | | Line 4.18 | of (Check | \Box | Dowt 4. Craditors with Drivity Hassaurad Clair |
| 190 S Prospect Ave Number Street | | | Line 4.10 | one): | = | Part 1: Creditors with Priority Unsecured Clair |
| Number Street | | | | oney. | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Elmhurst | Illinois | 60126 | Last 4 digits of a | account number | 2 | 2545 |
| City | State | Zip Code | | | | |
| TMobile | | | On which ontry i | n Part 1 or Part 2 | did v | you list the original creditor? |
| Name | | | On which endy i | II Fait I OI Fait 2 | . uiu y | you list the original creditor? |
| P.O. Box 742596 | | | Line 4.10 | of (Check | | Part 1: Creditors with Priority Unsecured Clair |
| Number Street | | | | one): | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Cincinnati | Ohio | 45274 | Last 4 digits of a | ccount number | | 1191 |
| City | State | Zip Code | | | | |
| ComEd | | | | - D | | and the discount of the Co |
| Name | | _ | On which entry i | n Part 1 or Part 2 | did) | you list the original creditor? |
| 3 Lincoln Center | | | Line 4.20 | of (Check | | Part 1: Creditors with Priority Unsecured Clair |
| Number Street | | | | one): | ✓ | Part 2: Creditors with Nonpriority Unsecured |
| Oakbrook Terrace | Illinois | 60181 | Last 4 digits of a | account number | | Claims 8375 |
| | | | Last 4 digits Of a | iccount number | | |
| City | State | Zip Code | | | | |
| Peoples Gas | | | On which entry i | n Part 1 or Part 2 | did v | you list the original creditor? |
| Name | | | | | . u.u) | you not the original orealter: |
| 200 E. Randolph | | | Line 4 <u>.19</u> | of (Check | Ц | Part 1: Creditors with Priority Unsecured Clair |
| Number Street | | | | one): | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Chicago | Illinois | 60601 | Last 4 digits of a | account number | | 5735 |
| City | State | Zip Code | | | | |
| Comcast | | | Om subjects and | | -1! ·! | resulted the existing large 19 and |
| Name | | | On which entry i | n Part 1 or Part 2 | ald) | you list the original creditor? |
| 11621 E. Marginal Way | #5 | | Line 4.13 | of (Check | | Part 1: Creditors with Priority Unsecured Clair |
| Number Street | | | | one): | ✓ | Part 2: Creditors with Nonpriority Unsecured Claims |
| Seattle | Washington | 98168 | Last 4 digits of a | account number | ı | 5823 |
| City | State | Zip Code | Last 4 digits 01 d | occurr number | | |
| Progressive Insurance | | · | | | | |
| Name | o o.npany | | On which entry i | n Part 1 or Part 2 | did y | you list the original creditor? |
| DO Dov 55450 | | | Line 4.4 | of (Check | | Part 1: Craditors with Priority Unacquired Clair |
| PO Box 55156 Number Street | | | £1110 1.1 | one): | ✓ | Part 1: Creditors with Priority Unsecured Clair Part 2: Creditors with Nonpriority Unsecured |
| Destan | Managebook | 00005 | | | | Claims |
| Boston City | Massachusetts State | 02205 Zin Code | Last 4 digits of a | ccount number | | 5133 |
| , | | Zip Code | | | | |
| Village of South Barrinα Name | gton | | On which entry i | n Part 1 or Part 2 | did v | you list the original creditor? |
| | | | | | _ | |
| 30 S Barrington Rd | | | Line 4.1 | of (Check | = | Part 1: Creditors with Priority Unsecured Clair |
| Number Street | | | | one): | | Part 2: Creditors with Nonpriority Unsecured Claims |

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Stephanie Franklin Debtor 1 Case number (if known) Middle Name Last Name Add the Amounts for Each Type of Unsecured Claim Part 4: 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$0.00 **Total claims** 6a. Domestic support obligations. from Part 1 \$0.00 6b. Taxes and certain other debts you owe the government 6b \$0.00 6c. Claims for death or personal injury while you were intoxicated \$0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. \$0.00 6e. Total. Add lines 6a through 6d. 6e. **Total claims** \$48,344.70 **Total claims** 6f. Student loans from Part 2 \$0.00 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar 6h. debts \$42,529.77 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

\$90,874.47

6j.

6j. Total. Add lines 6f through 6i.

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| Fill in this infor | mation to identify your cas | e: | | | |
|------------------------|-------------------------------|--------------------------------|------------------------------|--|-------|
| Debtor 1 | Stephanie | | Franklin | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if filin | g) First Name | Middle Name | Last Name | | |
| United States B | Bankruptcy Court for the: | Northern | District of Illinois | | |
| | | | (State) | | |
| Case number (If known) | | | | | |
| (II KIIOWII) | | | | | |
| Official | Form 106G | | | Check if this amended filing | |
| Schedu | le G: Execut | ory Contracts | s and Unexpire | red Leases | 12/15 |
| | ed, copy the additional p | | | are equally responsible for supplying correct information. If n this page. On the top of any additional pages, write your nam | |
| 1. Do you h | nave any executory | contracts or unexpir | ed leases? | | |
| ✓ No. Ch | eck this box and file this fo | orm with the court with your o | ther schedules. You have not | othing else to report on this form. | |
| Yes. Fil | I in all of the information b | elow even if the contracts or | leases are listed on Schedul | lule A/B: Property (Official Form 106A/B). | |
| | | | | Then state what each contract or lease is for (for example, rent re examples of executory contracts and unexpired leases. | t, |

Person or company with whom you have the contract or lease

State what the contract or lease is for

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| Fill in this inf | ormation to identify your ca | se: | | |
|---------------------------------------|--|--|---|--|
| Debtor 1 | Stephanie | | Franklin | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | ling) = | | | |
| (Spouse, if fi | lling) First Name | Middle Name | Last Name | |
| United State | s Bankruptcy Court for the: | Northern | District of Illinois | |
| 0 | | | (State) | |
| Case number (If known) | er | | | - |
| | | | | Check if this is ar |
| | | | | amended filing |
| Officia | I Form 106H | | | |
| | - | | | |
| Sched | ule H: Your C | odebtors | | 12/15 |
| ✓ No ☐ Ye 2. Within to Idaho, L ✓ No | the last 8 years, have you ouisiana, Nevada, New Me o. Go to line 3. s. Did your spouse, former s | I lived in a community pro kico, Puerto Rico, Texas, Wa spouse, or legal equivalent liv | shington, and Wisconsin.) we with you at the time? | debtor.) community property states and territories include Arizona, California, the name and current address of that person. |
| | Name of your spouse, | former spouse, or legal equiv | valent valent | _ |
| | Number Street | | | _ |
| | City | State | Zip Code | _ |
| again a | s a codebtor only if that p | person is a guarantor or co | osigner. Make sure you hav | our spouse is filing with you. List the person shown in line 2 re listed the creditor on <i>Schedule D</i> (Official Form 106D), rele D, Schedule E/F, or Schedule G to fill out Column 2. |
| Column | 1: Your codebtor | | | Column 2: The creditor to whom you owe the debt |

Official Form 106H Schedule H: Your Codebtors page 1

Check all schedules that apply:

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| Fill in this information to identif | y your case: | | | | |
|--|---|---------------------------------|---------------------|-------------------|--|
| Debtor 1 Stephanie First Name | Middle Name | Franklin Last Name | | | |
| Debtor 2 | Mildule Name | Last Name | , | | Check if this is: |
| (Spouse, if filing) First Name | Middle Name | Last Name | | | An amended filing |
| United States Bankruptcy Court for the: | Northern | District of Illinoi: | | | A supplement showing post-petition chapter expenses as of the following date: |
| Case number (If known) | | (| | | MM / DD / YYYY |
| Official Form 106I | | | | | |
| Schedule I: Your Inc | come | | | | 12/ |
| | r spouse. If more spa ame and case numbe | ace is needed, | attach a se | parate sh | ise is not filing with you, do not eet to this form. On the top of any |
| Fill in your employment | | Debtor 1 | | | Debtor 2 |
| information. If you have more than one job, | Employment status | Employed Not Emplo | yed | | Employed Not Employed |
| attach a separate page with information about additional | Occupation | Temp | | | _ |
| employers. | Employer's name | Accountemps | | | |
| Include part time, seasonal, or self-employed work. | Employer's address | 2884 Sand Hill Number Street | Road | | Number Street |
| Occupation may include student | | | | | |
| or homemaker, if it applies. | | Menlo Park City | California State | 94025 Zip Code | City State Zip Code |
| | How long employed there? | 1 month | | | |
| you are separated. | date you file this form. If y | _ | | s for that perso | the space. Include your non-filing spouse unless on on the lines below. If you need more space, For Debtor 2 or |
| List monthly gross wages, sala | rv. and commissions (before | re all payroll 2. | | \$2,773.33 | non-filing spouse |
| deductions.) If not paid monthly, ca | | | | Ψ2,110.00 | |
| 3. Estimate and list monthly over | rtime pay. | 3. | | + \$0.00 | |

4. Calculate gross income. Add line 2 + line 3.

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| Debtor 1 Stephanie | Franklin | Case number | (if known) | |
|---|----------------------|------------------------|-----------------------------------|----------------------------|
| First Name Middle Name | Last Name | For Debtor 1 | For Debtor 2 or non-filing spouse | |
| Copy line 4 here → | 4. | \$2,773.33 | | |
| 5. List all payroll deductions: | | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | \$607.97 | | |
| 5b. Mandatory contributions for retirement plans | 5b. | \$0.00 | | |
| 5c. Voluntary contributions for retirement plans | 5c. | \$0.00 | | |
| 5d. Required repayments of retirement fund loans | 5d. | \$0.00 | | |
| 5e. Insurance | 5e. | \$0.00 | | |
| 5f. Domestic support obligations | 5f. | \$0.00 | | |
| 5g. Union dues | 5g. | \$0.00 | | |
| 5h. Other deductions. Specify: | | \$0.00 + | | |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f +5h. | _ | \$607.97 | | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line | 4. 7. <u>-</u> | \$2,165.37 | | |
| 8. List all other income regularly received: | | | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing groreceipts, ordinary and necessary business expenses, and the to | tal | \$0.00 | | |
| monthly net income. 8b. Interest and dividends | 8a. <u> </u> | \$0.00 | | |
| 8c. Family support payments that you, a non-filing spouse, or dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | - | \$0.00 | | |
| 8d. Unemployment compensation | 8d. | \$0.00 | | |
| 8e. Social Security | 8e. | \$0.00 | | |
| 8f. Other government assistance that you regularly receive | <u> </u> | φο.σο | | |
| Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies Specify: | • | \$0.00 | | |
| 8g. Pension or retirement income | 8g. | \$0.00 | | |
| 8h. Other monthly income. Specify: | 8h. + | \$0.00 + | | |
| 9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + | | \$0.00 | | |
| 40 October a control of the Control | 40 | #0.405.07 | | #0.405.07 |
| 10.Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing sp | ouse 10. | \$2,165.37 | = | \$2,165.37 |
| 11. State all other regular contributions to the expenses that you include contributions from an unmarried partner, members of your herelatives. Do not include any amounts already included in lines 2-10 or amounts. | ousehold, your deper | ndents, your roommates | , | |
| Specify: | | | 11 | + \$0.00 |
| | | | | |
| 12. Add the amount in the last column of line 10 to the amount in Write that amount on the Summary of Schedules and Statistical Sun | | | | \$2,165.37 |
| | | | | Combined monthly income |
| 13. Do you expect an increase or decrease within the year after you | ou file this form? | | | |
| No. | | | | |
| Yes. Explain: | | | | |
| 1 | | | | l |

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| Fill in this inform | nation to identify y | our case: | | | | |
|-----------------------------|-------------------------------------|---|--|---|-------------------------|-----------|
| Debtor 1 | Stephanie | | Franklin | | | |
| DCDIOI 1 | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | Check if this is: | | |
| (Spouse, if filing |) First Name | Middle Name | Last Name | An amended filing | | |
| United States B | ankruptcy Court fo | or the: Northern | District of Illinois (State) | A supplement sho | wing post-petition cl | hapter 13 |
| Case number | | | | , | 3 · · · · | |
| (If known) | | | | MM / DD / YYYY | | |
| Official F | Form 106 | 6J | | | | |
| | | r Expenses | | | | 12/1 |
| information. If n | nore space is ne | | | | | per |
| 1. Is this a join | | , doction | | | | |
| ✓ No. Go | | | | | | |
| Yes. Do | es Debtor 2 live | in a separate household? | | | | |
| <u> </u> | 7 No | • | | | | |
| | _ | | one for Communical Instrumental of Dah | ·0 | | |
| L | _ | must file Official Forms 106J-2, Experi | ises for Separate Houserloid of Deb | tor 2. | | |
| 2. Do you have dependents? | 9 | ✓ No | | | | |
| Do not list De Debtor 2. | ebtor 1 and | Yes. Fill out this information for each dependent | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependen with you? | t live |
| 3. Do your exp | enses include f people other | ✓ No | | | | |
| than yourself and | l your | Yes | | | | |
| dependents | ? | | | | | |
| Part 2: Estin | nate Your On | going Monthly Expenses | | | | |
| | of a date after the | your bankruptcy filing date unless e bankruptcy is filed. If this is a sup | | | | |
| | • | n non-cash government assistance luded it on <i>Schedule I: Your Incom</i> | • | | Your e | expenses |
| | or home owners the ground or lot | hip expenses for your residence. In . 4. | nclude first mortgage payments and | | 4. | \$300.00 |
| If not inclu | uded in line 4: | | | | •• | |
| 4a. Real es | tate taxes | | | | 4a | \$0.00 |
| 4b. Propert | y, homeowner's, o | or renter's insurance | | | 4b. | \$0.00 |
| 4c. Home n | naintenance, repa | ir, and upkeep expenses | | | 4c. | \$0.00 |
| 4d. Homeo | wner's association | n or condominium dues | | | 4d. | \$0.00 |

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Franklin

Debtor 1

Stephanie Case number (if known) First Name Middle Name Last Name Your expenses 5. Additional mortgage payments for your residence, such as home equity loans \$0.00 5. 6. Utilities: 6a. Electricity, heat, natural gas \$100.00 6a. 6b. Water, sewer, garbage collection \$0.00 6b. 6c. Telephone, cell phone, Internet, satellite, and cable services \$150.00 6c. 6d. Other. Specify: \$0.00 6d 7. Food and housekeeping supplies \$350.00 7. 8. Childcare and children's education costs \$0.00 8. 9. Clothing, laundry, and dry cleaning 9. \$100.00 10. Personal care products and services \$110.00 10. 11. Medical and dental expenses \$50.00 11. 12. Transportation. Include gas, maintenance, bus or train fare. \$250.00 12. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books \$0.00 13. 14. Charitable contributions and religious donations \$0.00 14. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance \$0.00 15a 15b. Health insurance \$0.00 15b 15c. Vehicle insurance 15c \$125.00 15d. Other insurance. Specify: ___ 15d \$0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: \$0.00 16 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a \$0.00 17b. Car payments for Vehicle 2 17b \$0.00 17c. Other. Specify: __ \$0.00 17c 17d. Other. Specify: \$0.00 17d 18. Your payments of alimony, maintenance, and support that you did not report as deducted from \$0.00 your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. Specify: \$0.00 19. 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property \$0.00 20a 20b. Real estate taxes. \$0.00 20h 20c. Property, homeowner's, or renter's insurance \$0.00 20c 20d. Maintenance, repair, and upkeep expenses. \$0.00 20d 20e. Homeowner's association or condominium dues \$0.00 20e

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| Debtor 1 | Stephanie | | Franklin | Case number (if known) | | |
|------------------|----------------------------|--|------------------------------|------------------------|-----|------------|
| | First Name | Middle Name | Last Name | | | |
| 21.Other | . Specify: | | | | 21 | \$0.00 |
| 22. Calcu | ılate your monthly exp | enses. | | | | \$1,535.00 |
| 22a. A | add lines 4 through 21. | | | | | \$0.00 |
| 22b. C | Copy line 22 (monthly exp | penses for Debtor 2), if any, fro | m Official Form 106J-2 | | | \$1,535.00 |
| 22c. A | dd line 22a and 22b. The | e result is your monthly expens | ses. | | 22. | <u> </u> |
| 23.Calcu | late your monthly net i | income. | | | | |
| 23a. C | Copy line 12 (your combir | ned monthly income) from Sch | edule I. | | 23a | \$2,165.37 |
| 23b. C | Copy your monthly expens | ses from line 22 above. | | | 23b | \$1,535.00 |
| | , , , | enses from your monthly inco | me. | | | \$630.37 |
| • | The result is your monthly | y net income. | | | 23c | |
| 24. Do yo | ou expect an increase of | or decrease in your expens | es within the year after you | ı file this form? | | |
| | | o finish paying for your car loar se or decrease because of a n | | | | |
| ✓ N | No | | | | | |
| | ⁄es | | | | | |
| | Explain here: | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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| Fill in this information to identify your case: | | | | | | | | |
|---|---------------------------|-------------|----------------------|--|--|--|--|--|
| Debtor 1 | Stephanie | | Franklin | | | | | |
| | First Name | Middle Name | Last Name | | | | | |
| Debtor 2 | | | | | | | | |
| (Spouse, if filing | First Name | Middle Name | Last Name | | | | | |
| United States B | Sankruptcy Court for the: | Northern | District of Illinois | | | | | |
| Case number (If known) | | | (State) | | | | | |

Official Form 106Dec

| Check if this is an |
|---------------------|
| amended filing |

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t1: Sign Below | | | | | | | | |
|-----|---|---|--|--|--|--|--|--|--|
| | Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? | | | | | | | | |
| | ✓ No | | | | | | | | |
| | Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | Under penalty of perjury, I declare that I have read the summary at that they are true and correct. | nd schedules filed with this declaration and | | | | | | | |
| × | /s/ Stephanie Franklin | x | | | | | | | |
| | Signature of Debtor 1 | Signature of Debtor 2 | | | | | | | |
| | Date 9/26/2016 | Date | | | | | | | |
| | MM/DD/YYYY | MM/DD/YYYY | | | | | | | |

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| Filli | in this i | nform | ation to identify your cas | se: | | | | | |
|-------|--------------------|-----------------|----------------------------|-----------------------|---|-------------------|----------------|-------------------|--|
| | | | anomie nacimity your oac | | | | | | |
| Deb | otor 1 | | Stephanie Stephanie | NA: alalla | Franklin | | | | |
| | 0 | | First Name | Middle | Name Last Nar | ne | | | |
| | otor 2 ouse, if | filing | First Name | Middle | Name Last Nar | ne | | | |
| Unit | ted Stat | tes Ba | ankruptcy Court for the: | Northern | District of Illino (Sta | | | | |
| | se numb nown) | ber | | | ,(*** | | | | |
| Of | ficia | al F | orm 107 | | | | <u> </u> | | Check if this is a amended filing |
| | | | | | s for Individu | | | | |
| | | | | | ed people are filing togeth On the top of any addition | | | | correct information. If more known). Answer every |
| • | stion. | Jouou | , attaon a coparato on | | on the top of any addition | ai pagoo, iii iio | your manio and | a cace manuer (ii | iaiomi, raiomor ovory |
| | _ | | | | | | | | |
| Par | t 1: G | Sive | Details About You | r Marital Stati | us and Where You Li | ved Before | | | |
| 1. | Wha | at is v | our current marital st | atus? | | | | | |
| | | | | | | | | | |
| | 님 | Marr | | | | | | | |
| | Y | NOLI | married | | | | | | |
| 2. | Dur | ing th | ne last 3 years, have yo | ou lived anywhere | e other than where you live | e now? | | | |
| | | No | | | | | | | |
| | H | | List all of the places you | lived in the last 3 v | ears. Do not include where | ou live now. | | | |
| | ч | | | | | , | | | |
| | | Debi | or 1: | | Dates Debtor 1 lived there | Debtor 2: | | | Dates Debtor 2 lived there |
| | | | | | | Same as | s Debtor 1 | | Same as Debtor 1 |
| | | | | | From | · | | | From |
| | | Num | ber Street | | | Number Stre | eet | | |
| | | | | _ | To | | | | То |
| | | | | | | | | | |
| | - | City | State | Zip Code | | City | State | Zip Code | |
| | | | | | | Same as | s Debtor 1 | | Same as Debtor 1 |
| | | Num | ber Street | | From | Number Stre | act | | From |
| | | INGIII | ber Street | | | Number Site | 361 | | |
| | | | | _ | | | | _ | |
| | | City | State | Zip Code | | City | State | Zip Code | |
| | - | Only | Oldio | _ip | | J., | Cidio | <u> </u> | |
| 3. | | | • | - | ouse or legal equivalent i | - | | - ' | nmunity property states and |
| | territo | <i>rie</i> s in | clude Arizona, California | a, Idaho, Louisiana | a, Nevada, New Mexico, Pu | erto Rico, Texas, | Washington, ar | nd Wisconsin.) | |
| | ✓ N | lo | | | | | | | |
| | | | ake sure you fill out Sche | edule H: Your Cod | ebtors (Official Form 106H) | | | | |

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| Deb | tor 1 | | Frankli | | umber (if known) | |
|------|-----------------------|---|---|---|--|--|
| | | | Name Last Nar | me | | |
| Part | 2: | Explain the Sources of Your | Income | | | |
| | Fill i | you have any income from employm in the total amount of income you receive vities. If you are filing a joint case and you No Yes. Fill in the details. | | ears? | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | rom January 1 of current year until ne date you filed for bankruptcy: | Wages, commissions, bonuses, tips Operating a business | \$2902.32 | Wages, commissions, bonuses, tips Operating a business | |
| | | or last calendar year: lanuary 1 to December 31, 2015 | Wages, commissions, bonuses, tips Operating a business | \$1713.00 | Wages, commissions, bonuses, tips Operating a business | |
| | | or the calendar year before that: lanuary 1 to December 31, 2014 | Wages, commissions, bonuses, tips Operating a business | \$30000.00 | Wages, commissions, bonuses, tips Operating a business | |
| | nclui cene case | you receive any other income during de income regardless of whether that income fit payments; pensions; rental income; in and you have income that you received each source and the gross income from No Yes. Fill in the details. | come is taxable. Examples of nterest; dividends; money colle together, list it only once unde | other income are alimony; chected from lawsuits; royalties or Debtor 1. | ; and gambling and lottery winr | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| | | From January 1 of current year until he date you filed for bankruptcy: | Student Loans | \$300.00 | | |
| | | For last calendar year: January 1 to December 31, 2015) YYYY | Student Loans unemployment | \$2,800.00 \$5,148.00 | | |
| | | For the calendar year before that: January 1 to December 31, 2014 YYYY | Student Loans unemployment | \$1,400.00 \$3,100.00 | | |
| | | | | | | |

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| First Name | ; | Middle Name | Last Name | Case IIuiii | Del (II known) | |
|-------------------|-------------------|-----------------------|--------------------------------|----------------------------------|-------------------------------|-----------------------------|
| | | | | D 1 1 | | |
| List Cer | tain Paymei | nts You Made E | Before You Filed for | вапкгиртсу | | |
| re either Deb | tor 1's or Debt | or 2's debts prima | rily consumer debts? | | | |
| No. Neith | er Debtor 1 no | r Debtor 2 has pri | marily consumer debts. | Consumer debts are defined | in 11 U.S.C. § 101(8) as "inc | urred by an individual |
| | | al, family, or househ | | | J (, | · |
| Durinç | g the 90 days be | fore you filed for ba | nkruptcy, did you pay any c | reditor a total of \$6,425* or m | ore? | |
| ПΝ | lo. Go to line 7. | | | | | |
| | es. List below e | each creditor to who | m you paid a total of \$6,425 | 5* or more in one or more pay | ments and the | |
| _ | total amour | nt you paid that cred | litor. Do not include payme | nts for domestic support obliç | gations, such as | |
| | | • | | o an attorney for this bankrup | | |
| * Subj | ect to adjustmer | nt on 4/01/19 and ev | ery 3 years after that for ca | ses filed on or after the date | of adjustment. | |
| Yes. Debto | or 1 or Debtor 2 | 2 or both have pri | marily consumer debts. | | | |
| During | g the 90 days be | fore you filed for ba | nkruptcy, did you pay any c | reditor a total of \$600 or more | ? | |
| ✓ N | lo. Go to line 7. | | | | | |
| | es. List below e | each creditor to who | m you paid a total of \$600 c | or more and the total amount | you paid | |
| | that credito | r. Do not include pa | yments for domestic suppo | ort obligations, such as child | | |
| | allmony. Als | so, ao not include pa | syments to an attorney for the | nis bankruptcy case. | | |
| | | | Dates of payment | Total amount paid | Amount you still owe | Was this payment |
| | | | | | | for Mortgage |
| Creditor's | Name | | | | | Car |
| Number S | treet | | | | | Credit card |
| | | | | | | Loan repayment |
| City | State | Zip Code | | | | Suppliers or vendors |
| , | | · | | | | Other |
| Creditor's | Name | | | | | Mortgage |
| | ranio | | | | | Car |
| Number S | treet | | | | | Credit card |
| | | | | | | Loan repayment Suppliers or |
| City | State | Zip Code | | | | vendors |
| | | | | | | Other |
| Creditor's | Name | | | | | Mortgage |
| Ni mala a ii Oi | t | | | | | Car |
| Number S | treet | | | | | Credit card Loan repayment |
| • | | | | | | Suppliers or |
| City | State | Zip Code | | | | vendors |
| | | | | | | Other |

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| Debtor 1 | <u>Stepha</u> nie | Stephanie | | Fra | anklin | Case number (| (if known) |
|---------------------|---|---|---|-------------------------------------|----------------------|---|--|
| | First Name | | Middle Name | Las | st Name | | |
| Insi corp age | ders include your porations of which | relatives; an you are an o or a busines | y general partners; officer, director, per s you operate as a | relatives of any son in control, or | r owner of 20% or mo | tnerships of which y re of their voting se | ho was an insider? /ou are a general partner; curities; and any managing omestic support obligations, |
| ✓ | No Yes. List all paym | nents to an ir | neider | | | | |
| | res. List all payri | ierits to arr ii | isiuei. | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| | Insider's Name | | | | | | |
| | Number Street | | | | | | |
| | City | State | Zip Code | | | | |
| | Insider's Name | | | | · ——— | | |
| | Number Street | | | | | | |
| | City | State | Zip Code | | | | |
| insi | der? | | or bankruptcy, die | | payments or trans | fer any property o | n account of a debt that benefited an |
| ✓ | No Yes. List all paym | ents that ber | nefited an insider. | | | | |
| | | | | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
| | | | | | | | module dealtors hame |
| | Insider's Name | | | _ | | | |
| | Number Street | | | | | | |
| | City | State | Zip Code | | | | |
| | Insider's Name | | | | · | | |
| | Number Street | | | | | | |
| | City | State | Zip Code | | | | |

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| tor 1 | | | Franklin | | Case number (if | known) | |
|----------|--|-------------------|--------------------|--------------------------------|-----------------|----------|--------------------|
| | First Name | Middle Name | Last Name | | | | |
| 4: | Identify Legal Actions | , Repossession | s, and Foreclosure | es | | | |
| ist a | hin 1 year before you filed fo all such matters, including pers ract disputes. | | | | | | |
| Z | No Yes. Fill in the details. | | | | | | |
| _ | | Nat | ure of the case | Court or | agency | | Status of the case |
| | Case title | | | | | | Pending |
| | | | | Court Nar | ne | | On appeal |
| | Case number | | | NumberS | treet | | Concluded |
| | | | | | | | |
| | Case title | | | City | State | Zip Code | Dan die e |
| | | | | Court Nar | ne | | Pending On appeal |
| | Case number | | | NumberS | troot | | Concluded |
| | | | | Numbers | reer | | |
| | | | | City | State | Zip Code | |
| ✓ | Yes. Fill in the information be | low. | Describe the prop | perty | | Date | Value of the |
| | DEGIGNAL AGGERTANGE | | Chevy Camaro 201 | 2 | | 06/2016 | property \$0 |
| | REGIONAL ACCEPTANCE Creditor's Name | : CO | - | | | 00/2010 | |
| | 765 ELA R D SUITE 205 Number Street | | Explain what hap | pened | | | |
| | Number Street | | ✓ Property was r | epossessed. | | | |
| | | | Property was for | | | | |
| | LAKE ZURICH Illinois | 60004 | Property was o | | an las da al | | |
| | City State | Zip Code | Describe the prop | attached, seized Derty | , or leviea. | Date | Value of the |
| | | | | | | | property |
| | REGIONAL ACCEPTANCE Creditor's Name | CO | 2012 Chevrolet Car | maro | | 09/2016 | \$14950 |
| | 765 ELA R D SUITE 205 Number Street | | Explain what hap | pened | | | |
| | inumber Street | | ✓ Property was r | epossessed. | | | |
| | | | Property was f | | | | |
| | LAKE ZURICH Illinois City State | 60004 Zip Code | Property was o | garnished. attached. seized | or lovice | | |
| | Oily State | ZID CODE | ∎ ∎ Property was a | macrieu, seized | , or levied. | | |

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| Debto | r 1 | Stephanie | Franklin | Case number (if known) | | |
|--------|----------|---|---|----------------------------------|--------------------------|--------------------|
| | | First Name Middle Name | Last Name | | | |
| | | hin 90 days before you filed for bankruptcy, did o | | ank or financial institution, se | et off any amour | nts from your |
| [| ✓ | No Yes. Fill in the details. | | | | |
| | | | Describe the action th | e creditor took | Date action was taken | Amount |
| | | Creditor's Name | | | | |
| | | Number Street | Last 4 digits of account r | umber: XXXX- | | |
| | | City State Zip Code | 3 · · · · · · · · · · · · · · · · · · · | | | |
| 12. \ | Vitl | nin 1 year before you filed for bankruptcy, was a | ny of your property in the | possession of an assignee fo | r the benefit of c | reditors, a court- |
| | | ointed receiver, a custodian, or another official? | | | | |
| [| ∠ | No Yes | | | | |
| Part 5 | : | List Certain Gifts and Contributions | | | | |
| 13. | Wi | thin 2 years before you filed for bankruptcy, did | you give any gifts with a to | otal value of more than \$600 p | per person? | |
| | ✓ | No | | | | |
| | | Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | Describe the gifts | | Dates you gave the gifts | Value |
| | | Person to Whom You Gave the Gift | | | | |
| | | Number Street | | | | |
| | | City State Zip Code Person's relationship to you | | | | |
| | | Person to Whom You Gave the Gift | | | | |
| | | Number Street | | | | |
| | | City State Zip Code | | | | |
| | | Person's relationship to you | | | | |

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| otor 1 | Stephanie | | Franklin Case number (if kno | / | |
|------------|--|---|--|---|----------------------------|
| | First Name | Middle Name | Last Name | | |
| Wit | hin 2 years before you f | iled for bankruptcy, did v | ou give any gifts or contributions with a total value | of more than \$600 t | o any charity? |
| | | nea for barna aptoy, and y | you give any gine or commoditions with a total value | or more than \$000 t | o any onanty. |
| | No | | | | |
| Ш | Yes. Fill in the details for | each gift or contribution. | | | |
| | Gifts or contributions | to charities | Describe what you contributed | Date you | Value |
| | that total more than \$ | 300 | | contributed | |
| | | | | | |
| | Charity's Name | - | | | |
| | Orianty 3 Name | | | | |
| | - | | | | |
| | Number Street | | | | |
| | Number Street | | | | |
| | City State | e Zip Code | | | |
| | Oity Otal | , Zip oodc | | | |
| 6: | List Certain Losses | 5 | | | |
| | | | | | |
| Wit | hin 1 year before you file | ed for bankruptcy or sind | ce you filed for bankruptcy, did you lose anything be | ecause of theft, fire, | other disaster, or |
| | nbling? | . , | | , , | • |
| П | No | | | | |
| 片 | | | | | |
| ✓ | Yes. Fill in the details. | | | - | |
| | Describe the property | • | Describe any insurance coverage for the loss | Date of your | Value of property |
| | how the loss occurred | | Include the amount that insurance has paid. List | loss | lost |
| | | | pending insurance claims on line 33 of Schedule | | |
| | | | A/B: Property. | | |
| | 2004 Pontiac Grand Am | broke down and was junk | none | 08/2016 | \$875.00 |
| | ed. | | | | |
| Wit | List Certain Payme | ed for bankruptcy, did yo | ou or anyone else acting on your behalf pay or transf | fer any property to a | nyone you cons |
| Wit abo | List Certain Payme hin 1 year before you fil ut seeking bankruptcy | ed for bankruptcy, did yo or preparing a bankruptc | | | nyone you consult |
| Wit abo | List Certain Payme hin 1 year before you fil ut seeking bankruptcy | ed for bankruptcy, did yo or preparing a bankruptc | cy petition? | | nyone you consulte |
| Wit abo | List Certain Payme hin 1 year before you fil ut seeking bankruptcy o ude any attorneys, bankru No | ed for bankruptcy, did yo or preparing a bankruptc | cy petition? | | nyone you consulte |
| Wit abo | List Certain Payme hin 1 year before you file ut seeking bankruptcy o ude any attorneys, bankru | ed for bankruptcy, did yo or preparing a bankruptc | ey petition? credit counseling agencies for services required in your b | ankruptcy. | |
| Wit abo | List Certain Payme hin 1 year before you fil ut seeking bankruptcy o ude any attorneys, bankru No | ed for bankruptcy, did yo or preparing a bankruptc | ey petition? Predit counseling agencies for services required in your body. Description and value of any property | ankruptcy. Date payment | Amount of |
| Wit abo | List Certain Payme hin 1 year before you fil ut seeking bankruptcy o ude any attorneys, bankru No | ed for bankruptcy, did yo or preparing a bankruptc | ey petition? credit counseling agencies for services required in your b | Date payment or transfer | |
| Wit abo | List Certain Payme hin 1 year before you fil- ut seeking bankruptcy o ude any attorneys, bankrup No Yes. Fill in the details. | ed for bankruptcy, did yo or preparing a bankruptc | ey petition? credit counseling agencies for services required in your b Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| Wit abo | List Certain Payme hin 1 year before you fil- ut seeking bankruptcy o ide any attorneys, bankrup No Yes. Fill in the details. Semrad Law Firm | ed for bankruptcy, did yo or preparing a bankruptc | ey petition? Predit counseling agencies for services required in your body. Description and value of any property | Date payment or transfer | Amount of |
| Wit abo | List Certain Payme hin 1 year before you file ut seeking bankruptcy of ude any attorneys, bankrup No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid | ed for bankruptcy, did yo or preparing a bankruptc ptcy petition preparers, or c | ey petition? credit counseling agencies for services required in your b Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| Wit abo | List Certain Payme hin 1 year before you fil- ut seeking bankruptcy o ide any attorneys, bankrup No Yes. Fill in the details. Semrad Law Firm | ed for bankruptcy, did yo or preparing a bankruptc ptcy petition preparers, or c | ey petition? credit counseling agencies for services required in your b Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| Wit abo | List Certain Payme hin 1 year before you file ut seeking bankruptcy of ude any attorneys, bankrup No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 South Clark Street 28 | ed for bankruptcy, did yo or preparing a bankruptc ptcy petition preparers, or c | ey petition? credit counseling agencies for services required in your b Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| Wit abo | List Certain Payme hin 1 year before you file ut seeking bankruptcy of ude any attorneys, bankrup No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 South Clark Street 28 | ed for bankruptcy, did yo or preparing a bankruptc ptcy petition preparers, or c | ey petition? credit counseling agencies for services required in your b Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| Wit abo | List Certain Payme hin 1 year before you file ut seeking bankruptcy of ude any attorneys, bankrup No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 South Clark Street 28 | ed for bankruptcy, did yo or preparing a bankruptc ptcy petition preparers, or c | ey petition? credit counseling agencies for services required in your b Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| Wit abo | List Certain Payme hin 1 year before you file ut seeking bankruptcy of ide any attorneys, bankrup No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 South Clark Street 28 Number Street | ed for bankruptcy, did yoor preparing a bankruptc ptcy petition preparers, or control preparers and the state of the state | ey petition? credit counseling agencies for services required in your b Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| Wit abo | List Certain Payme hin 1 year before you file ut seeking bankruptcy of ude any attorneys, bankrup No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 South Clark Street 28 Number Street Chicago Illino City State | ed for bankruptcy, did yoor preparing a bankruptce ptcy petition preparers, or control of the preparers of the preparers of the ptcy petition preparers or control of the ptcy petition preparers or c | ey petition? credit counseling agencies for services required in your b Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| Wit abo | List Certain Payme hin 1 year before you file ut seeking bankruptcy of ude any attorneys, bankrup No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 South Clark Street 28 Number Street Chicago Illino | ed for bankruptcy, did yoor preparing a bankruptce ptcy petition preparers, or control of the preparers of the preparers of the ptcy petition preparers or control of the ptcy petition preparers or c | ey petition? credit counseling agencies for services required in your b Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| Wit abo | List Certain Payme hin 1 year before you file ut seeking bankruptcy of ude any attorneys, bankrup No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 South Clark Street 28 Number Street Chicago Illino City State Email or website addres | ed for bankruptcy, did yoor preparing a bankruptce ptcy petition preparers, or control ptcy petition ptcy petition preparers, or control ptcy petition ptcy ptcy ptcy ptcy ptcy ptcy ptcy ptcy | ey petition? credit counseling agencies for services required in your b Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| Wit abo | List Certain Payme hin 1 year before you file ut seeking bankruptcy of ude any attorneys, bankrup No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 South Clark Street 28 Number Street Chicago Illino City State | ed for bankruptcy, did yoor preparing a bankruptce ptcy petition preparers, or control ptcy petition ptcy petition preparers, or control ptcy petition ptcy ptcy ptcy ptcy ptcy ptcy ptcy ptcy | ey petition? credit counseling agencies for services required in your b Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| Wit abo | List Certain Payme hin 1 year before you file ut seeking bankruptcy of ude any attorneys, bankrup No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 South Clark Street 28 Number Street Chicago Illino City State Email or website addres | ed for bankruptcy, did yoor preparing a bankruptce ptcy petition preparers, or control ptcy petition ptcy petition preparers, or control ptcy petition ptcy ptcy ptcy ptcy ptcy ptcy ptcy ptcy | ey petition? credit counseling agencies for services required in your b Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| Wit abo | List Certain Payme hin 1 year before you file to seeking bankruptcy of tode any attorneys, bankrup No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 South Clark Street 28 Number Street Chicago Illing City State Email or website addres Person Who Made the Person Wh | ed for bankruptcy, did yoor preparing a bankruptce ptcy petition preparers, or control ptcy petition ptcy petition preparers, or control ptcy petition ptcy ptcy ptcy ptcy ptcy ptcy ptcy ptcy | petition? predit counseling agencies for services required in your because in your because of any property transferred Attorney's Fee - 500.00 | Date payment or transfer was made 09/2016 | Amount of payment \$500.00 |
| Wit abo | List Certain Payme hin 1 year before you file ut seeking bankruptcy of ude any attorneys, bankrup No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 South Clark Street 28 Number Street Chicago Illing City State Email or website addres Person Who Made the P The Semrad Law Firm | ed for bankruptcy, did yoor preparing a bankruptce ptcy petition preparers, or control ptcy petition ptcy petition preparers, or control ptcy petition ptcy ptcy ptcy ptcy ptcy ptcy ptcy ptcy | petition? predit counseling agencies for services required in your because in your because of any property transferred Attorney's Fee - 500.00 | Date payment or transfer was made 09/2016 | Amount of payment \$500.00 |
| Wit abo | List Certain Payme hin 1 year before you file to seeking bankruptcy of tode any attorneys, bankrup No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 South Clark Street 28 Number Street Chicago Illing City State Email or website address Person Who Made the Page 19 The Semrad Law Firm Person Who Was Paid | ed for bankruptcy, did yoor preparing a bankruptce ptcy petition preparers, or control ptcy petition ptcy petition preparers, or control ptcy petition ptcy ptcy ptcy ptcy ptcy ptcy ptcy ptcy | petition? predit counseling agencies for services required in your because in your because of any property transferred Attorney's Fee - 500.00 | Date payment or transfer was made 09/2016 | Amount of payment \$500.00 |
| Wit abo | List Certain Payme hin 1 year before you file ut seeking bankruptcy of ude any attorneys, bankrup No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 South Clark Street 28 Number Street Chicago Illino City State Email or website addres Person Who Made the P The Semrad Law Firm Person Who Was Paid 20 S. Clark # 28 | ed for bankruptcy, did yoor preparing a bankruptce ptcy petition preparers, or control ptcy petition ptcy petition preparers, or control ptcy petition ptcy ptcy ptcy ptcy ptcy ptcy ptcy ptcy | petition? predit counseling agencies for services required in your because in your because of any property transferred Attorney's Fee - 500.00 | Date payment or transfer was made 09/2016 | Amount of payment \$500.00 |
| Wit abo | List Certain Payme hin 1 year before you file ut seeking bankruptcy of ude any attorneys, bankrup No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 South Clark Street 28 Number Street Chicago Illing City State Email or website addres Person Who Made the P The Semrad Law Firm Person Who Was Paid 20 S. Clark # 28 Number Street | ed for bankruptcy, did yoor preparing a bankruptce of the petition preparers, or control peti | petition? predit counseling agencies for services required in your because in your because of any property transferred Attorney's Fee - 500.00 | Date payment or transfer was made 09/2016 | Amount of payment \$500.00 |
| Wit abo | List Certain Payme hin 1 year before you file ut seeking bankruptcy of ude any attorneys, bankrup No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 South Clark Street 28 Number Street Chicago Illing City State Email or website addres Person Who Made the P The Semrad Law Firm Person Who Was Paid 20 S. Clark # 28 Number Street Chicago Illing City State Chicago Illing City State The Semrad Law Firm Person Who Was Paid 20 S. Clark # 28 Number Street Chicago Illing Chicago Ill | ed for bankruptcy, did yoor preparing a bankruptce ptcy petition preparers, or control petiti | petition? predit counseling agencies for services required in your because in your because of any property transferred Attorney's Fee - 500.00 | Date payment or transfer was made 09/2016 | Amount of payment \$500.00 |
| Wit abo | List Certain Payme hin 1 year before you file ut seeking bankruptcy of ude any attorneys, bankrup No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 South Clark Street 28 Number Street Chicago Illing City State Email or website addres Person Who Made the P The Semrad Law Firm Person Who Was Paid 20 S. Clark # 28 Number Street | ed for bankruptcy, did yoor preparing a bankruptce ptcy petition preparers, or control petiti | petition? predit counseling agencies for services required in your because in your because of any property transferred Attorney's Fee - 500.00 | Date payment or transfer was made 09/2016 | Amount of payment \$500.00 |
| Wit abo | List Certain Payme hin 1 year before you file ut seeking bankruptcy of ude any attorneys, bankrup No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 South Clark Street 28 Number Street Chicago Illing City State Email or website addres Person Who Made the P The Semrad Law Firm Person Who Was Paid 20 S. Clark # 28 Number Street Chicago Illing City State Chicago Illing City State The Semrad Law Firm Person Who Was Paid 20 S. Clark # 28 Number Street Chicago Illing Chicago Ill | ed for bankruptcy, did yoor preparing a bankruptce ptcy petition preparers, or control petiti | petition? predit counseling agencies for services required in your because in your because of any property transferred Attorney's Fee - 500.00 | Date payment or transfer was made 09/2016 | Amount of payment \$500.00 |

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| Deb | tor 1 | Stephanie | | Franklin | Case number (if known |) | |
|-----|-------|---|------------------------|--|------------------------------|--|--------------------------------|
| | | First Name | Middle Name | Last Name | | | |
| 17. | help | hin 1 year before you filed by you deal with your credito not include any payment or tra No Yes. Fill in the details. | ors or to make payment | s to your creditors? | our behalf pay or transfer | any property to anyo | one who promised to |
| | ш | res. I ili ili tile detalis. | | | | | |
| | | | | Description and value of transferred | any property | | Amount of payment |
| | | Person Who Was Paid | | | | | |
| | | Number Street | | | | | |
| | | City State | Zip Code | | | | |
| | | City State | Zip Code | | | | |
| | | ude both outright transfers an sfers that you have already lis No Yes. Fill in the details. | | | | | |
| | | | | Description and value or property transferred | | ny property or eceived or debts paid e | Date d transfer was made |
| | | Person Who Received Tran | nsfer | | | | |
| | | Number Street | | | | | |
| | | City State Person's relationship to you | Zip Code | | | | |
| | | Person Who Received Tran | nsfer | | | | |
| | | Number Street | | | | | |
| | | City State Person's relationship to you | Zip Code | | | | |
| 19. | | hin 10 years before you file ese are often called asset-pro | | ou transfer any property to | a self-settled trust or simi | lar device of which y | ou are a beneficiary? |
| | | No Yes. Fill in the details. | | | | | |
| | Ц | res. Fiii iii tile detalis. | | Description and value | of the property transferred | d | Date transfer was made |
| | | Name of trust | | | | | |

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Franklin Debtor 1 Stephanie Case number (if known) Middle Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance number instrument before account was closing or closed, sold, moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street Zip Code City State Citv State Zip Code 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Storage Facility Name Yes Number Street Number Street City State Zip Code City State Zip Code

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| | Stephanie | Franklin Case number (if known) | | | | | | |
|----------|--|--|---------------------------|--|--|--|--|--|
| | First Name Middle Name | Last Name | | | | | | |
| t 9: | Identify Property You Hold or Con- | rol for Someone Else | | | | | | |
| D. | you hold or control any property that come | one also owned Include any property you harrowed from are staring | for ar hold in truct for | | | | | |
| | you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for neone. | | | | | | | |
| | 1 No | | | | | | | |
| ¥ | No Voc Fill in the details | | | | | | | |
| L | Yes. Fill in the details. | Where is the warments? | Value | | | | | |
| | | Where is the property? Describe the contents | Value | | | | | |
| | Owner's Name | Number Street | | | | | | |
| | | | | | | | | |
| | Number Street | | | | | | | |
| | | | | | | | | |
| | | City State Zip Code | | | | | | |
| | City State Zip Code | | | | | | | |
| . 40 | Cive Details About Environments | Information | | | | | | |
| t 10 | Give Details About Environmenta | imomation | | | | | | |
| r the | purpose of Part 10, the following definitions appl | r. | | | | | | |
| | Environmental law means any federal, state, or l | ocal statute or regulation concerning pollution, contamination, releases of | | | | | | |
| | | al into the air, land, soil, surface water, groundwater, or other medium, | | | | | | |
| | including statutes or regulations controlling the o | leanup of these substances, wastes, or material. | | | | | | |
| • | Site means any location, facility, or property as de | fined under any environmental law, whether you now own, operate, or utilize it | | | | | | |
| | or used to own, operate, or utilize it, including di | sposal sites. | | | | | | |
| _ | Hazardous material means anything an environn | and the state of t | | | | | | |
| • | | ientai law defines as a nazardous waste, nazardous substance, | | | | | | |
| | toxic substance, hazardous material, pollutant, c | | | | | | | |
| | toxic substance, hazardous material, pollutant, c | ontaminant, or similar term. | | | | | | |
| | | ontaminant, or similar term. | | | | | | |
| port | toxic substance, hazardous material, pollutant, c | ontaminant, or similar term. | nmental law? | | | | | |
| port | toxic substance, hazardous material, pollutant, c all notices, releases, and proceedings that you kn as any governmental unit notified you that you | ontaminant, or similar term. now about, regardless of when they occurred. | nmental law? | | | | | |
| port | toxic substance, hazardous material, pollutant, c all notices, releases, and proceedings that you k as any governmental unit notified you that you No | ontaminant, or similar term. now about, regardless of when they occurred. | nmental law? | | | | | |
| port | toxic substance, hazardous material, pollutant, c all notices, releases, and proceedings that you kn as any governmental unit notified you that you | ontaminant, or similar term. now about, regardless of when they occurred. bu may be liable or potentially liable under or in violation of an environ | | | | | | |
| port | toxic substance, hazardous material, pollutant, c all notices, releases, and proceedings that you k as any governmental unit notified you that you No | ontaminant, or similar term. now about, regardless of when they occurred. | | | | | | |
| port | toxic substance, hazardous material, pollutant, c all notices, releases, and proceedings that you k as any governmental unit notified you that you No | ontaminant, or similar term. now about, regardless of when they occurred. bu may be liable or potentially liable under or in violation of an environ | ou know it Date of | | | | | |
| port | toxic substance, hazardous material, pollutant, c all notices, releases, and proceedings that you k as any governmental unit notified you that you No | ontaminant, or similar term. now about, regardless of when they occurred. bu may be liable or potentially liable under or in violation of an environ | ou know it Date of | | | | | |
| port | toxic substance, hazardous material, pollutant, c all notices, releases, and proceedings that you know as any governmental unit notified you that you have all notices. Fill in the details. Name of site | contaminant, or similar term. now about, regardless of when they occurred. ou may be liable or potentially liable under or in violation of an environ Governmental unit Environmental law, if you Governmental unit | ou know it Date of | | | | | |
| port | toxic substance, hazardous material, pollutant, c all notices, releases, and proceedings that you know as any governmental unit notified you that you have all No Yes. Fill in the details. | contaminant, or similar term. now about, regardless of when they occurred. ou may be liable or potentially liable under or in violation of an environ Governmental unit Environmental law, if you | ou know it Date of | | | | | |
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| eport Ha | toxic substance, hazardous material, pollutant, c all notices, releases, and proceedings that you ke as any governmental unit notified you that you No Yes. Fill in the details. Name of site Number Street City State Zip Code Ive you notified any governmental unit of an | contaminant, or similar term. now about, regardless of when they occurred. Du may be liable or potentially liable under or in violation of an environ Governmental unit Governmental unit Number Street City State Zip Code y release of hazardous material? | Date of notice | | | | | |
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| Deb | tor 1 | Stephanie | | | Franklin | Case | number (if known) | |
|------|----------|-----------------------|----------------|------------------------|-------------------------------|----------------------|---------------------------------------|---------------|
| | | First Name | | Middle Name | Last Name | | | |
| 26 | Have | a vau baan a narti | , in any judia | ial ar administra | tivo proceeding under | any anyiranmant | al law? Include cottlements and order | •• |
| 26. | Hav | e you been a party | in any judici | iai or administra | tive proceeding under a | any environment | al law? Include settlements and order | S. |
| | V | No | | | | | | |
| | П | Yes. Fill in the deta | ils. | | | | | |
| | _ | | | | Court or agency | | Nature of the case | Status of the |
| | | | | ` | out or agency | | Nature of the case | case |
| | | Case title | | | | | | ouse |
| | | Case title | | | | | | Pending |
| | | | | | Court Name | | | |
| | | | | | | | | On appeal |
| | | Case number | | ſ | Number Street | | | Concluded |
| | | | | <u>-</u> | | | | Contadada |
| | | | | (| City State | Zip Code | | |
| | | la: | | <u>.</u> | | <u>.</u> | | |
| Part | 111: | Give Details A | bout Your | Business or | Connections to An | y Business | | |
| ~~ | 1800 | | | | | h | | - 0 |
| 27. | Witi | nin 4 years before | you filed for | bankruptcy, did | you own a business or | have any of the f | ollowing connections to any business | S? |
| | | A sole propriet | or or self-emp | loved in a trade in | orofession, or other activit | v either full-time o | r nart-time | |
| | | | | | | | i part-time | |
| | | | | y company (LLC) | or limited liability partners | snip (LLP) | | |
| | | A partner in a | partnership | | | | | |
| | | An officer, dire | ctor, or manag | ging executive of a | a corporation | | | |
| | | An owner of at | least 5% of th | ne voting or equity | securities of a corporatio | n | | |
| | _ | _ | | | | | | |
| | ⊻ | No. None of the abo | | | | | | |
| | | Yes. Check all that a | apply above ar | nd fill in the details | below for each business | | | |
| | | | | | Describe the natu | re of the busines | ss Employer Identification r | number Do not |
| | | | | | | | include Social Security n | |
| | | | | | | | EIN: | |
| | | Business Name | | | _ | | EIN: | |
| | | | | | | | | |
| | | Number Street | | | _ | | Dates business existed | |
| | | | | | Name of accounta | ant or bookkeepe | er | |
| | | City | Ctoto | Zin Codo | _ | | From To | |
| | | City | State | Zip Code | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | Describe the natu | re of the busines | ss Employer Identification r | number Do not |
| | | | | | | | include Social Security n | |
| | | | | | | | CINI. | |
| | | Business Name | | | _ | | EIN: | |
| | | | | | | | | |
| | | Number Street | | | _ | | Dates business existed | |
| | | ambor onoot | | | Name of account | ant or bookkeepe | er | |
| | | Cit. | Otat - | 70.0.1 | _ | | From To | |
| | | City | State | Zip Code | | | 10 | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | Describe the natu | re of the husines | ss Employer Identification r | number Do not |
| | | | | | Describe the nate | ire or the busines | include Social Security n | |
| | | | | | | | | |
| | | Business Name | | | - | | EIN: | |
| | | Dusiness Name | | | | | | |
| | | | | | _ | | Dates business existed | |
| | | Number Street | | | Name of account | ant or bookkeen | | |
| | | | | | | unit of bookkeept | | |
| | | City | State | Zip Code | | | FromTo | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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| Debtor | | ı | | Franklin | Case number (if known) |
|----------|----------------|-----------------------|----------------------|------------------------------|---|
| | First Name | | Middle Name | Last Name | |
| c - | reditors, or o | other parties. | r bankruptcy, did yo | u give a financial statemer | nt to anyone about your business? Include all financial institutions, |
| L | Yes. Fill in | the details below. | | | |
| | | | | Date issued | |
| | | | | MM/DD/YYYY | |
| | Name | | | IVIIVI/DD/YYYY | |
| | Number | Street | | _ | |
| | | | | | |
| | City | State | Zip Code | _ | |
| Part 1 | 2: Sign B | | | | |
| tru | ue and corre | ct. I understand that | making a false state | ement, concealing propert | nts, and I declare under penalty of perjury that the answers are y, or obtaining money or property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| | × | /s/ Stephanie Fr | anklin | | × |
| | | Signature of Debtor | | | Signature of Debtor 2 |
| | | • | | | Date |
| | | Date 9/26/2016 | | | |
| Di | id you attach | additional pages to | Your Statement of | Financial Affairs for Indivi | duals Filing for Bankruptcy (Official Form 107)? |
| I.2 | No | | | | |
| | - 1 | | | | |
| L | Yes | | | | |
| Di | id you pay or | agree to pay someo | ne who is not an att | orney to help you fill out b | ankruptcy forms? |
| ~ | 7 No | | | | |
| F | Yes. Name | of person | | | Attach the Bankruptcy Petition Preparer's Notice, |
| | - | • | | | Declaration, and Signature (Official Form 119). |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| | \$245 | filing fee |
|---|-------|--------------------|
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes:
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft:
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form — the Chapter 7 Means Test Calculation (Official Form 122A–2). The calculations on the form— sometimes called the Means Test —deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | \$1,167 | filing fee |
|---|---------|--------------------|
| + | \$550 | administrative fee |
| | \$1,717 | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| + | \$75 | administrative fee |
|---|-------|--------------------|
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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B 203 (12/94)

In

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| re | Stephanie Franklin | | Case No. | |
|----|---|-----------------------------|---------------------------------|---------------------------------------|
| _ | Debtor | | | (If known) |
| | | | Chapter | Chapter 13 |
| | DISCLOSURE OF COM | PENSATION C | OF ATTORNEY FO | OR DEBTOR |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bar that compensation paid to me within one yea services rendered or to be rendered on beha is as follows: | ar before the filing of the | ne petition in bankruptcy, or | agreed to be paid to me, for |
| | For legal services, I have agreed to accept | | | \$4,000.00 |
| | Prior to the filing of this statement I have re | eceived | | \$500.00 |
| | Balance Due | | | \$3,500.00 |
| 2. | The source of the compensation paid to me | was: | | |
| | ✓ Debtor | Other (specify) | | |
| 3. | The source of the compensation paid to me | is: | | |
| | ✓ Debtor | Other (specify) | | |
| 4. | I have not agreed to share the above-dimembers and associates of my law firm | sclosed compensation n. | with any other person unless | s they are |
| | I have agreed to share the above-disclor members or associates of my law firm. the people sharing in the compensation, | A copy of the agreem | | |
| 5. | In return for the above-disclosed fee, I have a. Analysis of the debtor's financial situation bankruptcy; | - | | · · · · · · · · · · · · · · · · · · · |
| | b. Preparation and filing of any petition, | , schedules, statement | s of affairs and plan which m | nay be required; |
| | c. Representation of the debtor at the m | neeting of creditors and | d confirmation hearing, and a | ny adjourned hearings thereof; |
| | d. Representation of the debtor in adve | rsary proceedings and | other contested bankruptcy | matters; |
| 6. | By agreement with the debtor(s), the above- | disclosed fee does no | t include the following service | es: |
| | | | | |
| | | CERTIFICATIO | N | |
| | certify that the foregoing is a complete state e debtor(s) in this bankruptcy proceedings. | ement of any agreeme | nt or arrangement for payme | nt to me for representation |
| | 9/26/2016 | | /s/ Ryan Crotty | |
| | Date | | Signature of Attorney | |
| | | | Semrad Law Firm | |
| | | | Name of law firm | |

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UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: | Franklin, Stephanie | Case No | | |
|--------|--|-------------------------------------|---|-------|
| | Debtor(s) | 0000 110. | | |
| | | Chapter. | Chapter13 | _ |
| | VERIFICATION | OF CREDITOR MAT | RIX | |
| | The above named Debtors hereby verify that the a | ttached list of creditors is tru | e and correct to the best of their know | ledge |
| Date: | 9/26/2016 | /s/ Franklin, Ste | phanie | |
| | | Franklin, Stepha Signature of De | nie | _ |

US DEPT OF ED/GLELSI P.O. Box 69184 c/o Taurus Al-Raheem Atlanta , GA 30353 USA

REGIONAL ACCEPTANCE CO 765 ELA R D SUITE 205 LAKE ZURICH , IL 60004 USA

DEPT OF ED/NAVIENT PO Box 9635 Wilkes Barre , PA 18773 USA

DEPT OF ED/NAVIENT PO Box 9635 Wilkes Barre , PA 18773 USA

RECOV MGE SV 4200 CANTERA DRIVE SUITE 211 WARRENVILLE , IL 60555 USA

Elmhurst College 190 S Prospect Ave Elmhurst , IL 60126 USA

DEPT OF ED/NAVIENT PO Box 9635 Wilkes Barre , PA 18773 USA

MAB&T-SCUSA CREDIT BUREAU REPO POB 961245 FORT WORTH , TX 76181 USA

DIVERSIFIED CONSULTANT 10550 DEERWOOD PARK BLVD JACKSONVILLE , FL 32256 USA

TMobile P.O. Box 742596 Cincinnati , OH 45274 USA

TORRES CRDIT 27 fairview st suite 301 CARLISLE , PA 17013 USA

ComEd 3 Lincoln Center Case 16-30563 Doc 1 Filed 09/26/16 Entered 09/26/16 15:51:13 Desc Main Document Page 61 of 75

Bankruptcy Section Oakbrook Terrace , IL 60181 USA SOURCE RECEIVABLES MNG 4615 DUNDAS DR STE 102 GREENSBORO , NC 27407 USA

Peoples Gas 200 E. Randolph Chicago , IL 60601 USA

FBCS 330 S WARMINSTER RD STE HATBORO , PA 19040 USA

Comcast 11621 E. Marginal Way # 5 Bankruptcy Dept Seattle , WA 98168 USA

CREDIT MANAGEMENT LP 4200 INTERNATIONAL PKWY CARROLLTON , TX 75007 USA

CREDITORS COLLECTION B 755 ALMAR PKWY BOURBONNAIS , IL 60914 USA

CREDIT COLL Po Box 9136 Needham Heights , MA 02494 USA

Progressive Insurance Company PO Box 55156 Payment Processing Center Boston , MA 02205 USA

A/R CONCEPTS 18-3 E DUNDEE RD STE 330 BARRINGTON , IL 60010 USA

Village of South Barrington 30 S Barrington Rd South Barrington , IL 60010 USA

US DEPT ED PO BOX 7202 UTICA , NY 13504-7202 USA

PEOPLES ENGY 200 EAST RANDOLPH CHICAGO , IL 60601 Case 16-30563 Doc 1 Filed 09/26/16 Entered 09/26/16 15:51:13 Desc Main Document Page 63 of 75

USA

Harlem Furniture Po Box 659704 San Antonio , TX 78265 USA

City of Chicago Department of Revenue 121 North LaSalle Street Chicago , IL 60602 USA

Arnold Scott Harris PC 111 W Jackson # 600 Chicago , IL 60604 USA

Elk Grove Village 901 Wellington Ave Elk Grove Vlg , IL 60007 USA

Illinois Tollway PO Box 5544 Chicago , IL 60680 USA

City of Chicago Water Department 333 S State, Suite 300 Chicago , IL 60604 USA

US Cellular Dept 0205 Palatine , IL 60055 USA

USA Payday Loans 1541 N. LEWIS AVENUE Waukegan , IL 60085 USA

Enterprise Rent-A-Car Damage Recovery Unit Po Box 801988 Kansas City , MO 64180 USA

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| Debtor 1 Stephanie | | Franklin | Case number (if known) | |
|--|---|--|--|--|
| First Name Pant 6: Answer These O | Middle Name uestions for Reporting Purp | Last Name | • | 100000000000000000000000000000000000000 |
| 16. What kind of debts do you have? | 16a. Are your debts primar 101(8) as "incurred by a No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primar obtain money for a busi investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts | rily consumer debts? an individual primarily for ily business debts? B iness or investment or t | or a personal, family, Business debts are de through the operation | or household purpose." buts that you incurred to of the business or |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | No. Yes. | | ny exempt property is exclu ed creditors? | ded and administrative expenses are |
| 18. How many creditors do you estimate that you owe? | ☑ 1-49 □ 50-99 □ 100-199 □ 200-999 | 1,000-5,000 5,001-10,000 10,001-25,000 | Contraction | 25,001-50,000 50,001-100,000 More than 100,000 |
| 19. How much do you estimate your assets to be worth? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$ \$10,000,001-\$ \$50,000,001-\$ \$100,000,001 | \$50 million E | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| 20. How much do you estimate your liabilities to be? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$7 \$10,000,001-\$7 \$50,000,001-\$ \$100,000,001 | \$50 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| For you I have examined this petition, and I declare under penalty of perjury that the information provided and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this plants of understand making a false statement, concealing property, or obtaining money or property by connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. ** ** ** ** ** ** ** ** ** | | | | f eligible, under Chapter 7, le under each chapter, and I /ho is not an attorney to help 11 U.S.C. § 342(b). de, specified in this petition. money or property by fraud in apprisonment for up to 20 |

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| Fill in this info | ormation to identify your cas | er e | | | |
|-------------------|--|----------------------------|---|---|---------------------------------------|
| Debtor 1 | | | | | |
| Dentor | Stephanie First Name | Middle Name | Franklin Last Name | | |
| Debtor 2 | · not rumo | Mildie Hane | casi Name | *** | |
| | ling) First Name | Middle Name | Last Name | _ | |
| Linited States | s Bankruptcy Court for the: | N I madde a ma | D | *** | |
| Ornico Otales | s bankruptcy Count for ale. | Northern | District of Illinois (State) | | |
| Case number | r | | (Otale) | | |
| (If known) | | | | | |
| Official | Form 106De | C | | | Check if this is an amended filing |
| Declara | ation About a | n Individual D | ebtor's Schedu | iles | 12/15 |
| If two married | d people are filing togethe | r, both are equally respon | sible for supplying correct i | nformation | |
| money or pro | perty by fraud in connect 1519, and 3571. | ion with a bankruptcy cas | e can result in fines up to \$2 | ing a false statement, concealing prope 50,000, or imprisonment for up to 20 yea | ars, or both. 18 U.S.C. |
| Did you | pay or agree to pay some | one who is NOT an attorn | ey to help you fill out bankru | ptcy forms? | |
| ✓ No | | | | | |
| Yes. | Name of person | | Attach Bankruptcy Pet Signature (Official Fort | lition Preparer's Notice, Declaration, and m 119). | |
| | | | | | |
| Under pe | enalty of perjury, I declare | that I have read the sumn | nary and schedules filed with | n this declaration and | |
| 🗶 /s/ Step! | hanie Franklin Marie | my View V | × | | |
| Signature | of Debtor 1 | | Signature of | Debtor 2 | |

Date

MM/DD/YYYY



Date 9/23/2016

MM/DD/YYYY

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| Debtor 1 St | tephanie irst Name | | | Franklin | Case number (if known) | |
|--------------------|---------------------------------------|------------------------------|-----------------|---------------------------|--|------|
| ra | rst ivame | Middk | Name | Last Name | | |
| 28. Within credito | n 2 years before ors, or other pai | you filed for bank rties. | ruptcy, did yo | u give a financial stater | nent to anyone about your business? Include all financial instituti | ons, |
| ☑ No | o es. Fill in the detai | ils halow | | | | |
| kainei | oo. I is at the deter | iid below, | | Date issued | | |
| <u> </u> | Name | | | MM/DD/YYYY | | |
| | Number Street | | | | | |
| | Turnoer Sueer | | | | | |
| | City | State | Zip Code | | | |
| Pantil2 S | ign Below | | | | | |
| | otcy case can res | sorming thirt sticitiff | u a iaise siaie | mem, conceanna nion | nents, and I declare under penalty of perjury that the answers are erty, or obtaining money or property by fraud in connection with a 0 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | |
| | Signatu | re of Debtor 1 | | | Signature of Debtor 2 | |
| | Date 9 | 9/23/2016 | | | Date | |
| Did you | attach additiona | al pages to Your S | tatement of Fi | inancial Affairs for Indi | viduals Filing for Bankruptcy (Official Form 107)? | |
| V No | | | | | Comment of the commen | |
| Yes | | | | | | |
| Did you | pay or agree to | pay someone who | is not an atto | rney to help you fill out | bankruptcy forms? | |
| ✓ No | | | | | | : |
| Yes. | Name of person | | | | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) | : |



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UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: | Franklin, Stephanie | Consider | | | | |
|--------|--|--|--|--|--|--|
| | Debtor(s) | Case No | | | | |
| | | Chapter. Chapter13 | | | | |
| | VERIFICATION OF CREDITOR MATRIX | | | | | |
| | The above named Debtors hereby verify th | at the attached list of creditors is true and correct to the best of their knowledge | | | | |
| Date: | 9/23/2016 | Is/ Franklin, Stephanie Franklin, Stephanie Signature of Debtor | | | | |

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| Deb | tor 1 | Stephanie First Name | Middle Name | Franklin | Case number (if known) | |
|-------|--------------|--|---|---|---|--|
| 16. | Cal | | | Last Name | | |
| ٠٠. | | culate the median family | | you. Follow these steps: | | |
| | | . Fill in the state in which yo | | Illinois | - | |
| | | . Fill in the number of people | | 1 | _ | |
| | 16c | Fill in the median family in To find a list of applicable may also be available at the | median income amounts | , ao online usina the link | specified in the separate instructions for this form. This list | \$49,741.00 |
| 17. | Hov | w do the lines compare? | | | | |
| | 17a. | Line 15b is less than 11 U.S.C. § 1325(b)(| or equal to line 16c. On th 3). Go to Part 3 . Do NOT | e top of page 1 of this for F fill out <i>Calculation of D</i> i | rm, check box 1, Disposable income is not determined under isposable Income (Official Form 122C-2). | |
| | 17b. | 1325(b)(3). Go to Pa | n line 16c. On the top of pa art 3 and fill out Calcula income from line 14 above | tion of Disposable Inc | pox 2, Disposable income is determined under 11 U.S.C. § come (Official Form 122C-2). On line 39 of that form, copy | |
| Part | 3) (| Calculate Your Comn | nitment Period Und | ler 11 U.S.C. §132 | 5(b)(4) | |
| 18, | | y your total average mon | | | | \$192.05 |
| 19. | Ded com | luct the marital adjustme mitment period under 11 U.S | i nt if it applies. If you are S.C. § 1325(b)(4) allows yo | married, your spouse is ou to deduct part of your | not filing with you, and you contend that calculating the spouse's income, copy the amount from line 13. | ** F G E La |
| | | If the marital adjustment do | | | | -\$0.00 |
| | 19b. | Subtract line 19a from li | ne 18. | | | \$192.05 |
| 20. | Calc | culate your current month | ly income for the year. I | Follow these steps: | | |
| | 20a. | Copy line 19b. Multiply by 12 (the number | of months in a year). | | | \$192.05 x 12 |
| | 20b. | The result is your current n | monthly income for the yea | ar for this part of the form | ı. | \$2,304.60 |
| | 20c. | Copy the median family inc | come for your state and siz | ce of household from line | 16c. | \$49,741.00 |
| 21. | How | do the lines compare? | | | | |
| | ا ا <u>ح</u> | Line 20b is less than line 20o period is 3 years. Go to Part | c. Unless otherwise ordere t 4. | ed by the court, on the to | p of page 1 of this form, check box 3, The commitment | |
| | | Line 20b is more than or equi commitment period is 5 years | ual to line 20c. Unless othe s. Go to Part 4. | erwise ordered by the co | urt, on the top of page 1 of this form, check box 4, The | |
| art 4 | s s | iign Below | | | | |
| | Į. | By signing here, I declare ur | nder penalty of perjury that | t the information on this s | statement and in any attachments is true and correct. | Alleman and Article (Article (|
| | | Signature of Debtor 1 | in Suppose Vision | N x | Signature of Debtor 2 | |
| | | Date 9/23/2016 | | | | |
| | | MM/DD/YYYY | | | DateMM/DD/YYYY | |
| | 11 | f you checked 17a, do NOT f you checked 17b, fill out Fo | fill out or file Form 122C- orm 122C-2 and file it with | 2. this form. On line 39 of t | hat form, copy your current monthly income from line 14 abou | |

B 203 (12/94)

UNITED STATES BANKRUPTCY COURT

| | | Northern District | of Illinois | |
|--|--|---|---|---|
| In re | Stephanie Franklin | | Case No. | |
| | Debtor | | a | (If known) |
| | | | Chapter | Chapter 13 |
| | DISCLOSURE OF | COMPENSATION | OF ATTORNEY FO | OR DEBTOR |
| 1. | Pursuant to 11 U.S.C. § 329(a) and that compensation paid to me with services rendered or to be rendere is as follows: | d Fed. Bankr. P. 2016(b), I cer in one year before the filing of | rtify that I am the attorney for t | the abovenamed debtor(s) and |
| | For legal services, I have agreed to | o accept | | \$4,000.0 |
| | Prior to the filing of this statement | I have received | | \$500,0 |
| | Balance Due | | | \$3,500.0 |
| 2. | The source of the compensation pa | aid to me was: | | |
| | Debtor | Other (specify) | | |
| 3. | The source of the compensation pa | aid to me is: | | |
| | Z Debtor | Other (specify) | | |
| 4. | I have not agreed to share the members and associates of my | above-disclosed compensatio y law firm. | on with any other person unless | s they are |
| | I have agreed to share the above members or associates of my leads the people sharing in the competition. | law firm. A copy of the agreer | th a other person or persons whent, together with a list of the | ho are not e names of |
| 5. | In return for the above-disclosed fe a. Analysis of the debtor's finar bankruptcy; | e, I have agreed to render leg ncial situation, and rendering a | jal service for all aspects of the advice to the debtor in determin | e bankruptcy case, including: ning whether to file a petition in |
| | b. Preparation and filing of any | petition, schedules, statemer | nts of affairs and plan which m | ay be required; |
| | c. Representation of the debtor | at the meeting of creditors ar | nd confirmation hearing, and ar | ny adjourned hearings thereof; |
| | d. Representation of the debtor | r in adversary proceedings an | d other contested bankruptcy r | matters; |
| 6. | By agreement with the debtor(s), the | | | |
| | | | | |
|)************************************* | | CERTIFICATIO | ON | |
| I of the | certify that the foregoing is a comple e debtor(s) in this bankruptcy procee | ete statement of any agreeme edings. | ent or arrangement for paymen | it to me for representation |
| | 9/23/2016 | | /s/ Ryan Crotty | |
| | Date | | Signature of Attorney | |
| | | | Semrad Law Firm | |



Name of law firm

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

Sit

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

 Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor: If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$362.00

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- 3. Before signing this agreement, the attorney has received, \$500.00 toward the flat fee, leaving a balance due of \$3,500.00; and \$52.00 for expenses, leaving a balance due of \$3,862.00
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: 9/23/2016 | |
|------------------------|------------------|
| Signed: | ···· |
| /s/ Stephanie Franklin | |
| Styphanie Franklin | |
| Debtor(s) | Attorney for Deb |

Do not sign if the fee amounts at top of this page are blank.